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ABSTRACT

This document is parts 1 and 2 of the September 1982 edition of this journal, published monthly by the Center for Health Promotion and Education as a dissemination vehicle for the growing body of information about health education. It includes 184 citations and abstracts of current journal articles, monographs, conference proceedings, reports, and program descriptions. These documents are prepared from information that is provided by the programs themselves or found in directories, newsletters, and similar sources published or created since 1977. The abstracts are arranged in chapters according to their major subject areas, which include the following in this issue: community health education; health education in occupational settings; health education methodology; patient education; professional education and training; research and evaluation; risk reduction; school health education; self care; and sex education. Abstracts are indexed by author, subject, and program title. Information on how to use the journal and how to submit articles for citation also is included. (KC)

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CE

September 1982, Parts 1 and 2

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CURRENT AWARENESS IN HEALTH EDUCATION

CAHE

Part 1, 81-0817 – 81-0990
Part 2, 81-0991 – 81-1143

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
CENTER FOR HEALTH PROMOTION AND EDUCATION
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CURRENT AWARENESS IN HEALTH EDUCATION

SEPTEMBER 1982, Part 1

81-0817—81-0990

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INTRODUCTION

Current Awareness in Health Education (CAHE) is published monthly by the Center for Health Promotion and Education as a dissemination vehicle for the growing body of information about health education. It includes citations and abstracts of current journal articles, monographs, conference proceedings, reports, and nonpublished documents acquired and selected by the Center. CAHE also contains descriptions of programs in health education. These descriptions are prepared from information that is provided by the programs themselves or found in directories, newsletters, and similar sources. To make the information in CAHE timely, only documents published or programs of relevance since 1977 are included.

Copies of each document and supporting documentation for each program description are stored in the Center's permanent collection. Users of CAHE are urged to consult local public, medical, and university libraries for individual copies. Sufficient information is provided in the citations to enable users to locate copies or to contact programs.

All persons receiving CAHE are invited to contribute copies of pertinent documents and descriptions of relevant programs for possible inclusion. The Center also welcomes any comments on CAHE and suggestions to improve its usefulness. Write or call:

Centers for Disease Control
Center for Health Promotion and
Education
Attn: Current Awareness in Health
Education
Building 14
Atlanta, GA 30333
(404) 329-3235
FTS 236-3235

Tearsheets for submitting program documents and descriptions of relevant programs are provided on pages vii-viii.

HOW TO USE CAHE

CAHE contains two types of records: informative abstracts of published literature and descriptions of ongoing programs. These records are arranged in chapters according to their major subject area. Chapter headings are used to group items generally related and include: Community Health Education; Health Education in Occupational Settings; Health Education Methodology; Patient Education; Professional Education and Training; Regulation, Legislation, and Administration; Research and Evaluation; Risk Reduction; School Health Education; Self-Care; and Sex Education. The chapter headings reflect active areas in health education as well as major interests of the Center for Health Promotion and Education. To locate specific items of interest, users are encouraged to use the extensive Subject, Author, and Program Title indexes found in the back of each issue.

Within each chapter, citations and abstracts of documents appear first, followed by descriptions of programs. Abstracts with their citations are arranged in alphabetical order by the primary author's name, and descriptions of programs are arranged in alphabetical order by the title of the program.

Each document and program description has a unique accession number. Accession numbers of documents consist of a two-digit prefix indicating the year of acquisition by CAHE and a four-digit number indicating the publication sequence of the document. For example, 79-0022 indicates the 22nd document acquired by CAHE in 1979. Program accession numbers have a similar format with a "P" added following the year to indicate program, e.g., 79P-0025 indicates the 25th item acquired by CAHE in 1979, and that the item is a program.

Each document is uniformly identified and described by the elements labeled in the sample below:

Document Accession Number	**79-0629**
Document Title	**Meeting the Special Needs of Pregnant Teenagers.**
Personal or Corporate Authors	Tyrer, L. B.; Mazlen, R. G.; Bradshaw, L. E.
Journal Citation or Publication Source	*Clinical Obstetrics and Gynecology* 21(4):1199-1213, December 1978.
Abstract	The complications associated with teenage pregnancy are reviewed in terms of education for family life, nutritional needs, and contraception. The physician acting as counselor can educate the teenager by dispelling myths that often result in unwanted teenage pregnancy. A family life curriculum should be developed to deal with all aspects of human relationships involved in establishing and maintaining a marriage. As they reach puberty, children need to be taught about themselves as sexual beings. Nutritional requirements of pregnant teenagers present special problems that call for a multidisciplinary approach to their definition and treatment. The risk for the pregnant teenager and the fetus is high; good prenatal management can reduce complications during the perinatal period. Teenage reluctance to inquire about contraceptives indicates the need for counseling on their use. The accessibility of birth control services is limited for teenagers, although most states have affirmed minors' rights to them. 36 references.

The distributor from which a document cited in CAHE is available to the public may be given as the last element in the citation. The most commonly cited distributors and their acronyms are listed below. Price information may be obtained from the supplier at the address given by specifying the order or stock number of the document and the form, hard copy or microfiche, desired. If the document is available from a distributor other than those listed, such as directly from the author, the address of that alternate distributor is provided.

Available from GPO:	Document is sold by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, in hard copy.
Available from ERIC:	Document is available from the Educational Resources Information Center Document Reproduction Service (EDRS), P.O. Box 190, Arlington, VA 22210, in hard copy or microfiche.
Available from NTIS:	Document may be purchased from the National Technical Information Service, U.S. Department of Commerce, Springfield, VA 22161, in hard copy or microfiche.

Each program description is uniformly identified and described by the elements labeled in the sample below:

Program Accession Number	79P-0314
Program Title	Growing Awareness.
Program Director or Principal Contact	Krell, M. E.
Administering Organization and Address	Planned Parenthood of Rochester and Monroe Counties, 24 Windsor St., Rochester, NY 14605
***Funding Source**	Funding Source: Office of Family Planning (HEW), Washington, D.C.
Program Dates	1977 – Continuing.
Abstract	A program designed to combat the rising rate of teenage pregnancy in Monroe County, New York, includes (1) designing a curriculum package for use in 10 local high schools, (2) producing a planning kit for sex-related teenage services, (3) holding 10 workshops on teenage sexuality and pregnancy for health professionals, (4) holding a 1-day "high-visibility" conference on young men and sexuality, (5) conducting a mass media campaign to attract teenagers, and (6) establishing a hotline. An Adult Advisory Group and a Teenage Advisory and Reaction Group participate in the program.

CAHE contains three indexes. They are: (1) Author, which contains the names of personal and corporate authors of documents and directors of programs; (2) Subject, which contains subject descriptors, including geographic location, for both documents and programs; and (3) Program Title, which contains names of programs that are either mentioned in documents or detailed in program descriptions.

*The funding source is specified if the program receives funds from institutions other than the administering organization.

(Please cut along dotted line)

PROGRAM DATA SHEET

The Center for Health Promotion and Education is collecting information about current health education programs for use in *Current Awareness in Health Education* and in analyzing program trends in the field. A program may provide identification, public awareness, coordination, training, demonstration, etc.

If you wish to share your program efforts with other health education professionals, please complete the form below, being as specific as possible in providing information.

We greatly appreciate your taking the time to share your experience with us.

1. Program Identification:

Official Title of Program or Grant and Grant No: ____________________

Official Name of the Organization Conducting the Program: ____________________

____

Address of the Organization:

____
street city state zip code

Program Director. ____________________
name title telephone area code number

Principal Contact: ____________________
(if different from Program Director)
name title telephone area code number

Beginning Date of Program: ____________________ Ending Date, If known: ____________________

2. Funding Source for Your Program:

Please provide the Name(s) and Location(s) (City, State) of Funding Source(s):

____

____

____

3. Focus of Program: _____ Administration _____ Community Health Education _____ Health Education Methodology

_____ Nutrition Education _____ Occupational Health Education _____ Patient Education

_____ Professional Training Programs _____ Research and Evaluation _____ Risk Reduction _____ Sex Education

_____ School Health Education Other ____________________

4. Target Population(s): ____________________

5. Purpose of Program: Please describe the primary purpose of your program

____

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____

6. Publications/Information Materials: Please send copies of any publications or material describing your program, if available, or give complete citation (author, title, date, publisher). If no publications exist or are planned, please state how further information may be obtained.

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____

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____

____

THANK YOU.

Name, Title of Person Submitting Program Information

Organization

Street

City, State, Zip Code

Phone

Fold Here First

Place
stamp
here

Centers for Disease Control
Center for Health Promotion and Education
ATTN: .Current Awareness in Health Education
Atlanta, GA 30333

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Tape

COMMUNITY HEALTH EDUCATION

81-0817
National Clearinghouse for Alcohol Information.
Alcohol Health and Research World 5(1):35-36, Fall 1980.

Established in 1972 as a prevention service of the National Institute on Alcohol Abuse and Alcoholism, the National Clearinghouse for Alcohol Information collects and disseminates information on all aspects of alcohol abuse and alcoholism. Among the information products and services provided by the clearinghouse are directories of alcoholism treatment programs in all 50 States; fact sheets on topics of interest in the field; summaries of Federal and State legislation; and booklets, posters, and flyers for public awareness campaigns. The clearinghouse also features a data base containing over 38,000 documents relating to program efforts and scientific and technical advances. The clearinghouse receives over 125,000 requests each year from health professionals, teachers, students, labor leaders, business executives, scientists, alcoholics and their families, and others. About 10,000 persons contacting the center due to personal problems related to alcoholism were referred to treatment programs or other community resources last year. Community outreach services provided by the clearinghouse include exhibits at national association conferences, orientation conferences at the clearinghouse, demonstrations at conferences, mail campaigns aimed at association memberships, and indepth program assistance to selected groups.

81-0818
The Community Health Information Network: A Model for Hospital and Public Library Cooperation.
Gartenfeld, E.
Library Journal 103(17):1911-1914, October 1, 1978.

The Community Health Information Network (CHIN), a cooperative library network established between a Cambridge, Massachusetts, community hospital and six public library systems, is discussed in light of the patient-consumer health education movement and its health information demands on hospital libraries. CHIN was implemented in 1977 and is currently funded by four grants. Services include (1) an interlibrary loan system to allow public libraries access to health-science library resources; (2) reference information; (3) compilation of bibliographies; (4) information on referral to community health service agencies; (5) identification and acquisition of a core collection of health science materials for the public library; and (6) a series of health education programs presented in public libraries. To ensure that network libraries are involved in project planning, a group of librarians from all participating institutions meets monthly. Means to ensure the liability of librarians who provide medical information to health care consumers, and other ethical, moral, and legal issues associated with the operation of CHIN are examined. 8 references.

81-0819
A Course in Self-Care for Rural Residents.
Irish, E. M. and Taylor, J. M.
Nursing Outlook 28(7):421-423, July 1980.

Two health education programs, planned and implemented by rural recipients and their health professionals, serve the Chebaque and Peak Islands of offshore Maine. The first program resulted from the residents need to (1) know more about self-care and illness prevention, (2) perform basic clinical procedures, (3) use health care resources more effectively, and (4) save money when obtaining health care services. Classes were limited to 25 participants and covered home medicines, high blood pressure and arteriosclerosis, health insurance, body awareness, physician consultation, dental care, nutrition, common injuries, and assumption of responsibility for personal health. A similar program involved 17 participants in classes on preventive health maintenance, common illnesses, health and nutrition, home medicines, general psychiatry, clinical skills, common injuries, medical emergencies, cardiopulmonary resuscitation, alcoholism, and breast self-examination. Both programs were coordinated by a nurse who selected experts to conduct specific sessions. Evaluations, based mainly on anecdotal data, indicate that participants were better able to care for themselves and their families than they had been before taking the classes, had developed greater personal responsibility for good health, and had acquired practical skills and the confidence to use them.

81-0820
The Juvenile Intervention Program: Results of the Process, Impact and Outcome Evaluations.
Iverson, D. C. and Roberts, T. E.
Journal of Drug Education 10(4):289-300, 1980.

The Juvenile Intervention Project (JIP) is an education and intervention program in Toledo, Ohio, for 12-17 year old drug abusers. JIP involves six weekly 2-hour working sessions in which drug knowledge, communication styles, self-esteem, manipulation in the family setting, and expression of emotion in the family setting are discussed. The program also includes individual and family counseling. Evaluation data have been analyzed for random samples of 64 juvenile participants who completed the program between January 1977 and April 1978 and between May 1978 and August 1978. In addition to a pre- and postprogram test, participants were asked to complete a one-page questionnaire to assess their participation at the completion of each session. Followup data were collected 6 months after completion of each program cycle. Analysis of the data indicated that the program positively affected family communication patterns, self-esteem levels, and drug knowledge levels through the followup period. Followup data also indicated that school drug problems and criminal justice system contacts declined significantly and that there was a significant reduction in drug use. 3 references.

81-0821
Health Education in the Hospital.
Nwana, O. C.
Nigerian Nurse (Lagos) 9(2):19-20, 23, April-June 1977.

There are very practical considerations, beyond the patient's right to know, for supporting patient education. Hospitals are ideal facilities for health education because they represent a centralization of medical expertise and because they employ nonmedical staff who can not only benefit from health education themselves, but also help health professionals reach out to the community. A health education program should (1) confine its scope to the resources available, or make the appropriate arrangements to acquire necesary resources; (2) provide health education and encourage behaviors that support health; (3) encourage personal interaction between the clinician and the patient in all situations from bedside to consulting room; (4) use group education sessions in which patients share a common need or condition; and (5) teach healthy lifestyles by example.

81-0822
Clergy Health Day: Ministering to the Ministers.
Opferman, J.
Hospital Progress 60(1):38, January 1979.

Mercy Hospital in Port Huron, Missouri, sponsored a Clergy Health Day. Blood testing, urinalysis, and chest X-rays were performed and the test results were sent to each clergyman's physician. After the examination, presentations were provided on nutrition, preventive health care, mental health, and spiritual health. The participants were unanimous in expressing their appreciation of the event.

81-0823
Pierce County Health Education Development Guide.
Pierce County Health Council, Tacoma, Wash. Health Education Committee.
Seattle, Wash., Puget Sound Health Systems Agency, Public Information Office, 45 p., September 1978.

The guidelines for the development of a comprehensive community health education and promotion campaign in Pierce County, Washington, are presented. Topics include steps in developing the plan, a model of the health education system, basic health education and promotion resources available to the community, and functions and criteria of an organized system. A survey of community health agencies and health care providers and a summary of findings of a county school health study implemented in 1976 are appended. 6 references.

81-0824
Because You Care: Let's Talk About Cancer.
Pohl, C. R.
Supervisor Nurse 9(4):54-55, April 1978.

As part of the rehabilitative effort of the oncology unit at Baptist Medical Center in Oklahoma City, a human-caring course is offered to help family members, medical center employees, and others understand the lifestyle needs of cancer patients. Participants meet for 1 hour twice a week for 4 weeks. The sessions involve instruction in the cancer personality, the relationship of traumatic loss and cancer, stress and the body's immune system, and the emotional needs of the person living with cancer. Group discussions and exercises serve to enhance the familiarity of the participants with ways to address emotional needs of the patients. Participants are encouraged and taught to listen to others in a manner that encourages emotional expression. Patients are encouraged to share their thoughts, experiences, and feelings with at least one family member, rather than with a hospital employee. More than 150 people have attended the course or some portion of it, and the response has been encouraging. Physicians have begun to actively refer patients to the program.

81-0825
Health Education in Bophuthatswana.
Robertson, B. and Lekgetha, A. N.
Curationis (Pretoria) 1(4):4-7, March 1979.

Formal health education efforts in Bophuthatswana began in 1975 with the establishment of the Department of Health and Social Welfare. The community education and immunization services division of the Department controlled educational activities concerned with family planning, dietetics, environmental hygiene, and mental hygiene, and organized a mobile health unit to assist general health programs, health needs, and health exhibitions. A 1977 survey of nine regional hospitals indicated that (1) poor nutrition, tuberculosis, typhoid fever, diarrhea, and babies born without the aid of midwives were the most important problems; (2) little evaluation of educational programs had been implemented; (3) hospitals had access to more sophisticated materials than clinics; (4) no training was given to health education workers; and (5) more emphasis was needed on health education, particularly at the regional level. The plan developed to respond to these findings included establishing a national health education unit to develop an overall policy, initiating special community education projects, organizing refresher courses and inservice training for health workers, establishing an audiovisual center, establishing a liaison with the mass media, evaluating educational field services, and executing relevant health education research.

81-0826
Educating the Consumer About Emergency Medical Services.
Young, M.; Ponder, L. D.; and Hurley, R. S.
Health and Social Work 3(3):173-181, August 1978.

A council of county governments representing a seven-county rural region in central Texas received over $500,000 under the Emergency Medical Services (EMS) Systems Act of 1973 to improve the quality of EMS available to residents. A program of public education and information was subcontracted to the Department of Health and Physical Education at Texas Agricultural and Mineral University. The educational component utilized a sociological model for community involvement through identification and use of persons known as initiators, legitimizers, diffusers, and followers. Community awareness was developed through a series of seminars, during which community leaders and the lay public were brought together to learn and disseminate information about the components of a quality EMS system. Representatives who attended the regional seminar served as leaders of the followup seminars in their home counties. The local seminars were publicized by means of mail campaigns, open letters published in local newspapers, and releases to newspapers and radio stations. The county seminars included slide presentations, lectures, group discussions, and a discussion with a panel of EMS experts. The educational program led to followup activities by local service clubs, the League of Women Voters, and local television stations.

81P-0827
"Hotline to the Health Team" Radio Program.
Ellerton, M. L.
Dalhousie University, School of Nursing, Halifax, Nova Scotia, B3H 3J5, Canada
September 1979 - Continuing.

The "Hotline to the Health Team" Radio Program is designed to increase public awareness of community services in the Halifax-Dartmouth area and to publicize the Dalhousie University School of Nursing. Each monthly 2-hour show is cohosted by a faculty member of the nursing school and a radio announcer. Use of a different faculty member each month gives each broadcast a different focus. The show consists of a 20-minute discussion of some aspect of physical and emotional health, followed by calls from listeners. Most of the phone responses come from women who are coping with stressful situations such as parenthood, menopause, or retirement; each show receives an average of 12-15 calls and approximately six letters.

81P-0828
Cardiovascular Health Promotion Project.
Foster, M. K.
Ontario Heart Foundation 576 Church Street, Toronto, Ontario, Canada M4Y 2ST
June 1979 - December 1981.

The Cardiovascular Health Promotion Project of Barrie, Ontario, is a community-based and -targeted strategy for enhancing healthy cardiovascular lifestyles through the development of a model employing volunteers and other community resources. The project designed a self-management skills package that focuses on diet, physical activity, stress, and smoking. In addition, the project identifies and trains volunteers to educate program participants, advertises the availability of the heart health program, enlists community participation, and evaluates the impact of the program. Strategies used to develop community awareness include presentations to groups of health professionals; contact with volunteers at four community service groups; operation of an information booth at a local shopping center; coordination of a mail campaign, newspaper articles, and public service announcements; and distribution of promotional flyers. The project's target audience includes the population of Barrie, with special emphasis on the approximately 2,400 employees of the city's 12 industries. Seventy-six people, 25-73 years old, participated in the course. Before and after the course, participants filled out attitude and behavior questionnaires, had their blood cholesterol tested, and participated in the University of Toronto fitness assessment.

81P-0829

Center for Health Enhancement Education and Research.

Kleeman, C. R. and Fielding, J. E.
University of California, Center for the Health Sciences, Los Angeles, CA 90024
1978 - Continuing.

The Center for Health Enhancement, Education, and Research was established to (1) develop and teach effective methods of preventing and reducing the effects of degenerative disease, (2) promote good health and well-being through positive changes in health habits, and (3) provide a research, education, and service program combining the multidisciplinary resources of the University of California at Los Angeles Department of Kinesiology and the Schools of Medicine, Public Health, and Nursing. Health enhancement service programs include a 24-day live-in program designed for persons with heart disease; a concentrated half-day program to provide comprehensive medical care, supervised practice, and education; and several health promotion programs for employees at specific worksites. Employee worksite programs provide an overall health profile of a company, screening and health risk appraisals for cardiovascular disease and cancer, and risk reduction programs. The Center sponsors radio and television campaigns and public lectures, promotes development of school health education programs, provides inservice training for professionals and health education training to medical students, and sponsors continuing education symposia and classes. Seven research and evaluation studies are underway. The 40-member multidisciplinary staff includes experts in medicine, nursing, public health, exercise physiology, nutrition, and psychology.

81P-0830

The Great American Smokeout.

American Cancer Society, 777 Third Avenue, New York, NY 10017
1977 - Continuing.

The Great American Smokeout, held each year on the Thursday before Thanksgiving, is designed to convince at least one in every five smokers to abstain from smoking on the day of the program. The program appoints an honorary celebrity chairperson each year to promote the campaign. Program staff meet with top management of American companies for organizational purposes, provide promotional material, persuade workplace celebrities to quit smoking on smokeout day, enlist exsmokers to staff company hotlines on Smokeout Day, promote use of local community and company news organs to advertise the campaign, create crisis centers in companies, promote intercompany competitions, send members of the American Cancer Society (ACS) to act as cessation clinic facilitators, arrange other ACS programs on smoking cessation, and otherwise promote company and community efforts to encourage smoking cessation. A Gallup survey of the 1979 effort indicated that nearly 15 million Americans attempted to refrain from smoking on Smokeout Day; approximately 5 million succeeded for a full 24 hours; 2.3 million continued to abstain for 1-3 days; and 7.8 million reduced the number of cigarettes they smoked.

81P-0831

Hypo Psycho Band.

West, N.
Winter Haven Hospital, Inc., Winter Haven, FL 33880
September 1977 - Continuing.

The Hypo Psycho Band provides health education through a bluegrass music show. The band performs for service clubs, schools, churches, and audiences at mobile home parks, offering health education presentations between songs. Topics have included smoking, alcohol abuse, nutrition, exercise, healthy lifestyles, new patient services offered at the hospital, and hospital cost containment. From September 1977 through November 1980 the band performed 126 times. Although the band has several alternate members, a performance is generally given by six hospital employees, including five musicians and a nurse, all of whom volunteer their time. No formal evaluation has been made of the band's teaching effectiveness.

81P-0832

Maine Alcohol, Other Drugs and Highway Safety Prevention-Intervention Project.

Isaly, J. K.
Station No. 23, Augusta, ME 04333
Funding Source: National Highway Traffic Safety Administration, Washington, D.C.
December 1, 1978 - Continuing.

The Maine Alcohol, Other Drugs, and Highway Safety Prevention-Intervention Project attempts to decrease the rate of accidents associated with alcohol and drug abuse in the State. The central element of the strategy is the development of core school and community teams, in which youngsters and adults are educationally prepared to implement programs in their own schools and communities. Programs are spread through a series of instructional levels with trainees (core teams) at one level becoming trainers at the next level. The teams develop plans that already have resulted in a variety of programs, including policy alteration efforts aimed at school administrators and school board members, community-based parental educational programs, a peer counseling program, a media awareness campaign during the 1979 Christmas holiday season, and interventions that result in referral of alcohol- and drug-dependent youth for appropriate medical treatment. Core teams include school superintendents, principals, guidance personnel, school board members, teachers, students, parents, law enforcement officers, members of the clergy, selectmen, and alcohol and drug treatment staff. See also 81P-0960.

81P-0833
McDowell Community Outreach Development Program.
Goldenberg, D. M., et al.
Ephraim McDowell Community Cancer Network, Inc., 915 S. Limestone St., Lexington, KY 40503
Funding Source: National Cancer Inst. (DHHS, NIH), Bethesda, Md.
August 1977 - July 1981.

The McDowell Community Outreach Development Program organizes local medical, lay, and agency representatives to provide guidance and resources to identify and implement cancer control projects for specific regions in Kentucky. Services of the six regional program offices (three in western and three in eastern Kentucky) include a hotline providing information on prevention and environmental health, dissemination of an environmental health brochure series, implementation of screening and detection programs through local health departments, provision of inservice education for nurses, implementation of a public information campaign utilizing the cooperative extension model, development of cancer programs in community hospitals, operation of a tumor registry, education for health professionals, and provision of continuing care for the terminally ill through a regional outpatient hospice program.

81P-0834
Michigan Health Council Health Promotion Project.
Auer, H. A.
Michigan Health Council, Suite 340, Nisbet Building, 1407 S. Harrison Road, East Lansing, MI 48823
Funding Source: W. K. Kellogg Foundation, Battle Creek, Mich.
1980 - Continuing.

The Michigan Health Council (MHC) Health Promotion Project was founded to (1) help other organizations initiate and expand health promotion activities, (2) establish statewide networks of individuals and organizations involved in health education and promotion, (3) develop new health promotion programs, (4) help the Michigan School Health Association codify and coordinate health programs throughout State schools, and (5) promote health activities for elderly and rural residents. MHC is a private, nonprofit, voluntary health education organization which has been in operation since 1943. The project will develop an inventory of health promotion activities and materials and will encourage their use by other organizations. MHC task forces will teach health habits through community organizations and agencies and will offer leadership workshops. Specific attention in the project will be given to the needs of the elderly, rural residents, and schoolchildren. Upon completion of a study by Central Michigan University students, a telephone directory of school health resources within the State was published and is currently being distributed.

81P-0835
Montgomery County, Arkansas, Health Education Advisory Committee.
Henderson, B. U.
Arkansas Cooperative Extension Service, Courthouse, Mt. Ida, AR 71957
1973 - Continuing.

The Montgomery County, Arkansas, Health Education Advisory Committee is a volunteer citizen action group that identifies health needs in the county and develops plans of action to meet those needs. Health promotion activities sponsored by the program have included behavior modification classes; immunization campaigns; cardiopulmonary resuscitation training; physical fitness classes; nutrition education; dental health education; and health maintenance clinics in which county residents are screened for high blood pressure, glaucoma, diabetes, and other conditions. Since its organization in 1973, the committee has sponsored 12 different educational and health promotional activities. The program serves an isolated rural county of 7,500 persons with minimal health services. The 25-member committee is representative of the county and is cooperatively sponsored by the Cooperative Extension Service and the Arkansas Department of Health.

81P-0836

Multipurpose Arthritis Center.

Bennett, J. C., et al.

University of Alabama in Birmingham, School of Medicine, Dept. of Medicine, 1919 7th Ave. S., Birmingham, AL 35233

Funding Source: National Inst. of Arthritis, Metabolism, and Digestive Diseases (DHHS, NIH), Bethesda, Md.

September 1977 - August 1981.

The Multipurpose Arthritis Center (MPAC) at the University of Alabama in Birmingham coordinates existing arthritis programs and initiates new demonstration programs designed to increase knowledge concerning the pathogenesis of rheumatic diseases, improve health education and patient services related to the diseases, and encourage a more enlightened community attitude toward the diseases. Research at the MPAC includes senior faculty working in immunology, molecular biology, connective tissue biochemistry, and clinical rheumatology. Educational activities include professional, allied health, and postgraduate activities within the university as well as public and patient education within the community. Activities of the community program component bring MPAC into contact with all of the public and private agencies and groups involved with arthritis and rheumatic diseases at local, State, and regional levels. In addition to feasibility proposals in fundamental research, MPAC sponsors demonstration projects and studies in patient utilization of unproven remedies, undergraduate nursing education, patient referral patterns, public education via the health extension system (HELP), education in industry for arthritis prevention, inpatient education in arthritis, and a nationally based curriculum study by the Delphi method. The program is a multidisciplinary effort by faculty and staff of the medical school, dental school, nursing school, school of community and allied health, and the university hospitals and clinics.

81P-0837

Project Choice--Cancer Prevention Is Your Choice.

Hutchinson, W. B., et al.

Fred Hutchinson Cancer Research Center, 1124 Columbia St., Seattle, WA 98104

Funding Source: National Cancer Inst. (DHHS, NIH), Bethesda, Md.

September 1979 - March 1981.

Project Choice is a model program designed to teach schoolchildren, school personnel, parents, and related community organization members in Washington about cancer prevention and to develop a comprehensive statewide plan for cancer education. Services include developing prototypes of cancer education materials for elementary and secondary schools and community organizations, developing training programs for school and community instructors, testing and evaluating materials and training programs in a pilot project area, and developing plans for statewide implementation if funding becomes available. An evaluation plan is being developed to test all materials and to test the efficacy of the overall program objectives.

81P-0838

Sudden Infant Death Syndrome Counseling and Information Program.

Williams, D. A.

Bureau of Community Health Services, Office for Maternal and Child Health, Room 7-36, 5600 Fishers Lane, Rockville, MD 20857

1974 - Continuing.

The Sudden Infant Death Syndrome (SIDS) Counseling and Information Program provides for examination and certification of victims of SIDS as well as counseling and education for parents. Services include collecting and analyzing SIDS cases; providing educational programs for health care providers, public safety officials, and the public; distributing articles, pamphlets, and films; providing voluntary counseling services to families, and establishing advisory councils for SIDS projects. In the area of information collection and analysis, the program provides for autopsies for all infant victims of sudden and unexpected deaths, certification of SIDS on death certificates, and transfer of research findings into health care delivery services. Material distributed by the program includes a directory of SIDS information and counseling project grants. The primary target audience is the families of the 7,500 yearly victims of SIDS in the United States. Involved professionals and public health officials are also targeted. Volunteer counselors include program physicians, nurses, social workers, psychologists, physicians, religious leaders, and members of voluntary organizations.

81P-0839

Think Health.

Deere, R.

University of Arkansas, Division of Agriculture, Cooperative Extension Service, 1201 McAlmont, P.O. Box 391, Little Rock, AR 72203

1977 - Continuing.

"Think Health" is a seven-session workshop focusing on stress management, cardiovascular health, and lifestyle change. Prior to implementation of the workshops, health education staff participated in inservice training seminars conducted by faculty members of the University of Arkansas for Medical Sciences and the Graduate School of Social Work. Medical faculty conducted sessions on heart disease, exercise, smoking, diet and weight control, and stress; social work faculty conducted workshops on counseling and group dynamics. From August 1977 through June 1978, five health specialists from the Cooperative Extension Service conducted the seven weekly workshops in 12 counties in Arkansas. A total of 782 participants enrolled; 80 percent of participants were women. The specialists conducted assessments, interpreted health hazard appraisal questionnaires, answered questions, conducted workshop sessions on various topics, and encouraged participants to reach their goals of raising their level of wellness. A 12-month followup of 10 percent of the participants indicated that 69.3 percent of those enrolled completed the program and that those who completed the program made positive changes in knowledge, attitudes, and health practices.

81P-0840

We Care for You.

Ramirez, A. G.
Baylor College of Medicine, Office of Public Affairs, Texas Medical Center, Houston, TX 77030
1978 - Continuing.

The "We Care for You" health promotion program promotes family immunizations, medical emergency preparedness in the home, and communication with children in the family. The program produces 30- and 60-second public television spots that promote free brochures that can be ordered by telephone. Each brochure describes a single health topic, recommends specific behavioral changes, and describes available community resources. All respondents receive followup telephone calls to determine their address, how they heard of the program, and the reason for requesting the information. Editorials and several print and television news stories have aided in the promotion of the program, which reaches over 25 percent of Houston's 800,000 households and generates over 25,000 requests for the brochures. Pre- and postcampaign telephone surveys are conducted in association with each campaign. Survey results indicate that the campaign produced some positive changes in health behavior.

81P-0841

X Rays: Get the Picture on Protection.

Hayes, A.
Food and Drug Administration, Bureau of Radiological Health, 5600 Fishers Lane, Rockville, MD 20857
March 1980 - Continuing.

The "X Rays: Get the Picture on Protection" program educates consumers about the benefits and risks of X rays. The program disseminates a folder that contains (1) a brochure that describes X ray benefits and risks and explains ways that consumers can help in radiation protection, (2) a bookmark listing consumer actions in X ray protection, (3) an X ray record card, (4) a poster and a brochure on X rays and pregnancy, (5) a table-top easel on X rays and pregnancy, (6) a brochure explaining dental X rays, (7) a reprinted radiation primer, (8) a reprint on reducing genetic risk, (9) a brochure on X ray scans, (10) an X ray picture book, (11) a reprint on the benefits and risks of X rays, (12) a form for X ray and vaccination records, and (13) an annotated bibliography of patient and consumer materials on medical radiation. The folder is distributed upon request by the Consumer Affairs Office of the Food and Drug Administration in Minneapolis, Minnesota.

81P-0842

Youth Gives a Damn (YGAD).

Loya, R. V.
Huntington Park High School, 6020 Miles Avenue, Huntington Park, CA 90255
1969 - Continuing.

"Youth Gives a Damn" (YGAD) is a statewide coalition of California high school students who use after-school hours to work on projects that promote good health for themselves, their families, and their communities. YGAD's major project consists of a series of health camps convened in various locations. Several hundred participants attend a variety of health education sessions, lasting from 16 to 72 hours, that include lectures, films, and panel discussions on death and dying, sexuality, venereal disease, drug abuse, cancer, and cigarette smoking. Other projects coordinated by YGAD members have included participation in the "Great American Smokeout" sponsored by the American Cancer Society (ACS), distribution of leaflets on the availability of emergency community immunization clinics, participation in the March of Dimes "Superwalk '80," provision of staff for health screening clinics for the elderly, and participation in numerous other community aid programs. The primary target group consists of adolescents 9-12 years old. Currently, there are 25 local affiliate organizations and chapters throughout the

State. An experimental group of 140 youths were administered pre- and postprogram test in association with a YGAD health camp. Followup questionnaires will be mailed at 1- and 2-year intervals. A control group of 40 high school students not involved in the YGAD program will be tracked in the same manner as the experimental group. Preliminary results indicate an increase in knowledge and volunteer rates as a result of participation in the program. YGAD receives funds from local offices of the ACS, the American Lung Association, the American Heart Association, the Red Cross, county medical associations, the March of Dimes, and civic groups such as Rotary, Kiwanis, and parent teacher associations.

HEALTH EDUCATION IN OCCUPATIONAL SETTINGS

81-0843
Du Pont's Occupational Health and Safety Program.
American Industrial Hygiene Association Journal 41(6):A46, A48, A50, A52, June 1980.

The occupational health and safety program at Du Pont includes a program of formal medical surveillance, implemented in 1915; a Safety and Fire Protection Division, created in 1926; the Haskell Laboratory for Toxicology and Industrial Medicine, founded in 1935; a formal epidemiology program, developed in 1956; and a computerized personal environment record system, initiated in 1979. A communication network allows rapid transmission of pertinent information to affected workers. The experience of Du Pont in the field of occupational health and safety indicates that (1) the greatest progress is made when government stipulates what must be done and leaves the methods of reaching these goals to industry; (2) special handling of substances with only slight carcinogenic properties may prove extremely costly and provide only minor protection benefits; (3) some chemicals that pose other than carcinogenic or embryotoxic risks are not controlled by government regulations; (4) a reasonable connection should be established between a regulation's cost and its benefits before adoption; and (5) many proposed regulations concerning risk assessments go far beyond legislative mandates and realistic needs.

81-0844
Hypertension Control Programs in Occupational Settings.
Alderman, M. H.; Green, L. W.; and Flynn, B. S.
New York, N.Y., Cornell University Medical College, 15 p., 1979.
Available from: NTIS; Order No. HRP-0030861.

The occupational setting may provide the optimal environment for hypertension control programs. It is estimated that cardiovascular disease and stroke accounted for $50 billion in direct and indirect health costs in 1976; this represents 20 percent of all health-related expenditures. Hypertension is a major cause of cardiovascular disease and stroke, and, of all cardiovascular risk factors, is the most responsive to available interventions. Detection, referral, and followup of hypertension in the occupational setting are embodied in such programs as the Chicago Heart Association Project, the Michigan Worker Health Program, and the Burlington Industries Program. Studies involving the occupationally-based treatment of hypertension indicate that a rigid therapeutic approach, reliance on a health team, removal of personal financial impediments, emphasis on patient participation in the treatment process, and provision of services within a socially cohesive facility are more important determinants of patient outcomes than the physical location of a treatment facility. Insurance companies, such as the Blue Cross Association (with support from the National Heart, Lung, and Blood Institute), have become interested in the development of programs to encourage blood pressure control activities in industry. Benefits resulting from educational strategies pertain to increased health care provider time, increased number of health care provider contacts, active patient participation, social support, and self-monitoring of blood pressure. 16 references.

81-0845
Health Behavior Change at the Worksite: A Problem-Oriented Analysis.
Chadwick, J. H.
Menlo Park, Calif., Health Systems Program, SRI International, 25 p., 1978.
Available from: NTIS; Order No. HRP-0030870.

The work setting provides a favorable environment for health promotion and outreach services. A systems approach to health behavior change that encompasses concepts, realities, problems, and opportunities will make the best use of the worksite for health education. Principal elements of health behavior change systems at the worksite are policy and ethics, welfare functions, funding sources, interorganizational agreements, self-care, worksite care, conventional care, patient education, information systems, physician education, planning and evaluation, and management. With regard to worksite care, some of the most important aspects include risk assessment, communication to participants, behavior assessment, risk status monitoring, behavior status monitoring, risk reduction planning, and risk reduction interventions. Planning and evaluation needs pertinent to health behavior change involve health effects of interventions, behavioral effects, operations and costs of implementing programs, and benefits resulting from health effects.

81-0846

Self-Protective Measures Against Workplace Hazards.
Cohen, A.; Smith, M. J.; and Anger, W. K.
Cincinnati, Ohio, Behavioral and Motivational Factors Branch, Division of Biomedical and Behavioral Science, Natl. Institute for Occupational Safety and Health, 25 p., 1979.
Available from: NTIS; Order No. HRP-0030866.

Techniques to influence individual worker behaviors, actions, and attitudes in ways that facilitate greater self-protection against workplace hazards are examined. Training and reinforcement are directive means for targeting and strengthening specific worker actions. Critical considerations in this regard are (1) the use of training and reinforcement approaches that emphasize the learning of safe or healthful behaviors, (2) conditions of practice that ensure the transfer of learned behaviors to real situations, (3) performance goals for actions and frequent feedback to mark progress, and (4) meaningful rewards with an adequate reinforcement schedule and delivery system. Nondirective approaches are intended to create attitudinal change, a state of heightened awareness, or other dispositions favorable to self-protective actions. The emphasis is on communications, incentive, and management style factors as they relate to appropriate change in the health and safety consciousness of the worker. Fulfilling information needs about safety and self-protection through company incentives aimed at generating interest in job safety and health can be a byproduct of management's commitment to job safety and health matters. Field studies and the technical literature on directive and nondirective techniques offers supporting evidence for these arguments. 31 references.

81-0847

Perspectives of Industry Regarding Health Promotion.
Collings, G. H., Jr.
New York, N.Y., New York Telephone Co., 11 p., 1979
Available from: NTIS; Order No. HRP-0030867.

Several factors suggest the work setting as a favorable site for investigating the efficacy of heath promotion programs. Because efforts to produce substantial improvements in health within existing frameworks of government and the private health care system have not always been successful, opportunities for health promotion in the workplace are being increasingly recognized. The factors that make the workplace attractive for health system purposes include the increasing number of people, particularly women, who are in the workforce; the stability of the workforce; the ease with which periodic acquisition of data can be accomplished; the willingness of workers to participate in health programs offered in the work setting; and the Occupational Safety and Health Act and related legislation at both Federal and State levels that are extending the scope of health effects considered to be occupational in origin. The pervasive view is that health promotion consists of wellness improvement and disease prevention. The tendency to explore the promotion of individual health components in isolation is not viable; rather, business and industry should take an integrated approach to health care management so that a cost-effective basis can be established. The concept of risk identification is particularly important to such an approach.

81-0848

Smoking Cessation Programs in Occupational Settings: "State of the Art" Report.
Danaher, B. G.
Los Angeles, Calif., Division of Behavioral Sciences and Health Education, School of Public Health, University of California, Los Angeles, 28 p., November 15, 1978.
Available from: NTIS; Order No. HRP-0030864.

Business and industry have taken a growing interest in providing antismoking programs for employees. Research on smoking cessation methods reveals a number of promising directions that involve aversive smoking approaches combined with self-control strategies. Physician counseling is emphasized in some smoking cessation programs, but more interest is focused on the use of consultants or commercial programs. Businesses interested in promoting smoking cessation should increase the integration of in-house smoking cessation programs utilizing a variety of antismoking strategies; expand emphasis on behavioral skills training in addition to incentive programs for smoking control; improve research methodologies, including complete followup assessment and use of chemical tests for validating self-reported abstinence; use empirically tested recruitment procedures to involve as many employees as possible in a cost-effective manner; and promote interchange among behavioral scientists, professionals in occupational health, union and employee groups, and management. 46 references.

81-0849
The Control of Alcohol and Drug Abuse in Industry.
DuPont, R. L.
Bethesda, Md., Institute for Behavior and Health, Inc., 43 p., November 15, 1978.
Available from: NTIS; Order No. HRP-0030871.

The workplace may be an excellent setting for dealing with problems resulting from the use of alcohol and other psychoactive drugs. Industrial substance abuse programs are increasing in number due to concern over the well-being of workers and the maintenance of productivity. Employed persons have lower rates of alcohol and drug problems than unemployed persons, but the extent of substance abuse problems in the work force is large. Occupational programs are based on constructive confrontation (involuntary) and self-help (voluntary) approaches. There is a wide range of programs using health insurance benefits, industry-based treatment programs, and, the most common program, referral from the work environment to community substance abuse treatment resources. Further development of occupational programs should focus on research, prevention, unique needs of special groups, and extension of services to employees' families. 61 references.

81-0850
Weight Control and Nutrition Education Programs in Occupational Settings.
Foreyt, J. P.; Scott, L. W.; and Gotto, A. M.
Houston, Texas, Baylor College of Medicine, 35 p., 1979.
Available from: NTIS; Order No. HRP-0030862

The occupational setting offers a unique opportunity for weight control and nutrition education programs. The basic premise underlying behavioral treatment programs is that dietary changes involve substantial changes in eating behavior. Some form of self monitoring is employed in these programs, with self-control techniques consisting of observation of dietary behavior and self-recording of behavior in a notebook. Self-monitoring is useful because it gives individuals and persons working with them a record of dietary habits, and because the act of writing down food intake appears to have a positive effect on the diet. After self-monitoring for a certain period, individuals should begin to recognize certain patterns in their diet. Stimulus control techniques are often helpful components of dietary treatment programs. To be effective, these techniques must be designed creatively so that the procedures conform to the work or home setting. Other weight control methods include slowing the act of eating and implementing contingency management techniques in which individuals are rewarded for changing their diets. Evaluation of a typical program should include indices of cost effectiveness, attrition, followup, and confounding variables. 47 references.

81-0851
The Physical Activity Component of Health Promotion Programs in Occupational Settings.
Haskell, W. L. and Blair, S. N.
Washington, D.C., Office of Health Information, Health Promotion, and Physical Fitness and Sports Medicine (DHEW, PHS), 29 p., November 1978.
Available from: NTIS; Order No. HRP-0030865.

The inclusion of exercise as an essential component of health promotion programs in occupational settings is a promising trend. Benefits from physical activity are primarily related to the performance of large muscle dynamic exercises; vigorous forms of exercise seem to cause the greatest improvement in both physical working capacity and health. For both safety and effectiveness, exercise programs must be individualized according to interests, needs, and capabilities. Although little behavioral research has been conducted to determine the factors that contribute to effective initiation and maintenance of exercise programs by sedentary adults, available data indicate that factors influencing participation include effective program leadership, program convenience, support of peers and family, education and promotion, program variety and individualization, goal setting, evaluation, and recognition. Funding support is needed to explore the impact of increased exercise on job performance in both government and private industrial settings. 31 references.

81-0852
Stress Management in Occupational Settings.
Schwartz, G. E.
New Haven, Conn., Department of Psychiatry, Yale University School of Medicine, 25 p., 1979.
Available from: NTIS; Order No. HRP-0030863.

Over the past 10 years, substantial progress has been made in documenting the role that psychosocial stress plays in the etiology and development of physical and mental disorders, and in using behavioral procedures in the management of physiological and psychological responses to stress. Most research linking stress to illness, however, is not based on data derived from the occupational setting. The challenge facing industry, labor, and science is to design stress management programs that are clinically sound and cost-effective. Major types of psychosocial stress facing workers include work overload or work stagnation; extreme ambiguity or rigidity in relation to tasks; extreme role conflict or little role conflict; too much or too little responsibility; competition; constant change and variability or routinized strategy; ongoing contact with so-called "stress carriers"; and interactions among carrier development, career opportunities, and management styles. One stress management procedure is assertiveness training, in which the goal is to help people assert themselves more appropriately to reduce the likelihood that they will engage in health risk behaviors. In many instances, assertiveness training programs combine behavioral therapy, imagery, role playing, and other techniques to improve subjects' ability to communicate. These methods as well as relaxation, meditation, biofeedback, and guided imagery have proven cost-effective and clinically sound. 37 references.

81-0853

A Perspective of Health Intervention Programs in Industry.

Whorton, M. D. and Davis, M. E.

Berkeley, Calif., Labor Occupational Health Program, Institute of Industrial Relations, University of California, Berkeley, 15 p., December 15, 1978.

Available from: NTIS; Order No. HRP-0030868.

A perspective on health intervention programs and their relation to the industrial environment is presented. The four key issues that must be addressed in health intervention programs revolve around the status of employees as a captive group of participants, the possible existence of a subtle coercion that ensures full participation or cooperation, the plausibility of pursuing health prevention programs in industry, and the possibility that health prevention programs are successful only when there is group participation. Concern for worker health should be shared by both management and physicians, with the latter being neutral in labor and management matters. The literature on this topic reveals more negative feelings toward occupational physicians than toward occupational nurses, industrial hygienists, and safety engineers. It is essential that employees be encouraged to participate in health programs and that these programs do not replace broad occupational health or environmental control programs. The screening of symptomatic versus asymptomatic patients, screening for hypertension, and testing for coronary artery disease and colon and rectal cancer are typical areas of concern of health programs. 15 references.

81P-0854

Center for Health Help.

Brennan, A. J. J.

Metropolitan Life Insurance Company, 1 Madison Avenue, New York, NY 10010

1977 - Continuing.

The Center for Health Help was organized in 1977 to help employees of the Metropolitan Life Insurance Company become informed consumers of health services and to enable them to take a more active role in caring for themselves and their families. Since then, the center has broadened its purpose beyond information dissemination to include active educational interventions. Programs are available on cholesterol management, diabetes management, nutrition, smoking cessation, and breast cancer. A stress management program and a pregnancy and parenting program are in the design stage. Methods include group discussion, lecture, self-help group activities, pamphlets, films, slide-tape presentations, and wall charts. Programs are formulated in response to data taken from employee surveys distributed as part of the company newspaper. The center is directed by a doctor of health education, who is assisted by a health education consultant. An outside expert is hired to evaluate each program, and center staff conduct minievaluations throughout each program. Program moderators and selected professional health educators are asked to react to suggestions concerning programming, intervention strategies, pertinent materials, and any other relevant aspects of the center. Base-line data on employee health will be computerized and assessed by outside evaluators.

81P-0855

Employee Personal Services--Stress Management Programs.

Pelligrino, J. F.

Mead Packaging, P.O. Box 4417, Atlanta, GA 30302

1975 - Continuing.

The Stress Management Program provided by Employee Personal Services at the Mead Packaging Company helps company employees deal with stress and develop positive mental and physical health habits. The program has provided assessment, counseling, and referral services since it began in June 1975, and has offered stress management seminars since February 1978. Prior to implementation of the program, a professional health counselor conducted an investigation of therapeutic resources available in the Atlanta area, drafted a policy and procedures statement, publicized the program throughout the company, and trained supervisors and managers in methods of identifying declining job performance and strategies for motivating troubled employees to seek assistance through the program. Two 6-hour seminars cover productive use of stress, physical fitness, relaxation, and effective cognitive practices. The program also confronts problems associated with stress, such as drug abuse and alcoholism. To date, almost 100 salaried employees have attended the stress management program, and spouses are also encouraged to attend. Program outcomes have included a 40 percent increase in participation by salaried employees in the counseling and referral program, reports by seminar participants of increased control over general health, renewed workforce interest in physical fitness, and additional opportunities for the counseling and referral program to address various quality of worklife issues. The counseling and referral program has saved the company between $32,000 and $60,000 annually in reduced absenteeism.

HEALTH EDUCATION METHODOLOGY

81-0856
NIAAA New Public Education Campaign Targets Women and Youth.
Alcohol Health and Research World 5(1):14, Fall 1980.

The National Institute on Alcohol Abuse and Alcoholism has begun a 2-year effort to develop a mass media public education program focused on women and youth. The program will combine media messages with community organization and interpersonal communication efforts to influence change in specific problem behaviors. The major targets will be fetal alcohol syndrome, alcohol problems among women, and drinking and driving among young people. A network of State alcoholism agencies and intermediary groups will be mobilized to distribute materials and to develop program activities. The mass media effort will be developed and conducted under a $1.2 million contract by URSA (Urban and Rural Systems Associates)-Pacificon of San Francisco, and will be independently evaluated by Kappa Systems of Arlington, Virginia, under a $548,000 contract.

81-0857
Content Analysis of Teenaged Interviews for Designing Drug Programs.
Bell, E. V.
Journal of Drug Education 10(2):173-179, 1980.

Data from taped interviews involving teenage and adult interviewers and teenage interviewees provide recommendations for drug education and information programs. The interviewed subjects resided in East, Central, and West Harlem, New York. The study involved content analysis of data from 298 tapes. The interviewed teenagers recommended that (1) educational and informative programs for youth be developed; (2) parents and school personnel be included in educational and informational programs; (3) information be presented in an imaginative fashion, yet without detracting from the validity of the information; (4) young persons assume leadership as well as staff positions in all programs; (5) programs that depend on parents or teachers be carefully designed to deal with the distrust adolescents feel toward authority figures; (6) programs be designed and operated as community programs; (7) programs explain the effects of drug use and abuse; (8) programs in the ghetto counteract the image of the "hip drug user" as a role model; (9) programs in the ghetto appeal to ethnic pride; (10) a variety of media be used to present information in an interesting, compelling manner to appropriate age groups; (11) programs include supplementary activities; and (12) new institutional models for youth problem solving be considered. 5 references.

81-0858
Alcohol, Public Education, and Mass Media: An Overview.
Blane, H. T. and Hewitt, L. E.
Alcohol Health and Research World 5(1):2-14, Fall 1980.

An overview of alcohol prevention through mass media public education provides information on program efforts, alcohol-specific campaign evaluations, and countercommercials. The National Institute on Alcohol Abuse and Alcoholism; the Bureau of Alcohol, Tobacco, and Firearms; and the National Highway Traffic Safety Administration have sponsored public awareness campaigns on the effects of alcohol abuse. Of the voluntary agencies, the National Safety Council has the longest history of involvement in alcohol-related public education; other private or voluntary organizations in the field include the Allstate Insurance Company, the Foundation for Traffic Safety of the American Automobile Association, the National Council on Alcoholism, Alcoholics Anonymous, the Distilled Spirits Council of the United States, U.S. Brewers Association, and the 10-industry Beverage Alcohol Information Council. However, though a considerable number of messages is available from a variety of sources, the degree of public exposure to such ads is low due to the variety of competing messages and the generality of the typical message. Hence, though knowledge and attitude levels seem to be affected, drinking behavior goes unchanged. Several highly sophisticated evaluation designs as well as audience research and message pretesting techniques are being implemented. Negative advertising, using commercial as opposed to public service techniques, may be the most effective approach for the future. Numerous references.

81-0859
Perspectives: An AH & RW Interview Feature.
Chilcote, S. D., Jr.; Hutchings, R.; and Room, R.
Alcohol Health and Research World 5(1):39-45, Fall 1980.

An interview with the Associate Director of the Department of Health and Human Services Office on Smoking and Health, the Scientific Director at the National Alcohol Research Center Social Research Group at the University of California School of Public Health at Berkeley, and the President of the Distilled Spirits Council of the United States provides insights into the role of mass media public education efforts in prevention programming and the role of external controls on alcohol advertising. The effects of the temperance movement and the alcoholism movements demonstrate the importance of mass media education efforts in terms of practical and immediate changes and in terms of the symbolic statements they made. The media efforts of the Distilled Spirits Council are largely aimed at normal adults who consume alcohol in moderate amounts; the goal is to reinforce those practices and attitudes that keep most people within the normal range of consumption. Alcohol prevention programmers should look to the success antismoking forces had in requiring the broadcast industry (under the Fairness Doctrine) to run countercommercials in the 1960's and 1970's to balance cigarette advertisements. The situation with alcohol is more complex, since cessation need not be the goal. In the last 20-30 years, the national attitude toward alcohol has moved from viewing it as a substance that requires special treatment to viewing it as a commonly used commodity. However, in the area of alcohol abuse by pregnant women, the industry is mounting a massive campaign to reach 250,000 physicians and their female patients.

81-0860
A Critique of Values: Clarification in Drug Education.
Chng, C. L.
Journal of Drug Education 10(2):119-125, 1980.

Values clarification is widely used today in drug education programs in the United States. The premise behind its use is that decisions pertaining to drug use or abstinence are a direct function of a confused value system. The purpose of values clarification is to help individuals both structure and operationalize a value system that is personally satisfying and socially acceptable. One of the sharpest criticisms of values clarification concerns its excessive preoccupation with the process of valuing, which creates an illusion that it is devoid of content and, consequently, free of any moral communications. Thus, the role of information and knowledge in decision making is relegated to insignificance. The position of ethical relativism taken by users of values clarification strategies neglects the fact that the decisions to use drugs or to refrain from using drugs have moral implications. Conversely, it appears that those subjects whose values are incongruent with the "desired" values of the drug educator or program often become targets for "values teaching." The result is a form of indoctrination. A final, but obvious, shortcoming of the approach is its proclivity toward conformity to peer norms to the detriment of the personal development and clarification of values. 24 references.

81-0861
Nutrition Education for the Well Elderly--An Annotated List of Resource Materials and Canadian Programs.
Dumouchel, D.
Vancouver, British Columbia, Health and Welfare Canada, Health Promotion Directorate, 102 p., March 1980.

A selected listing is offered of printed and audiovisual educational materials (primarily Canadian) appropriate for use by the elderly person or the nutrition educator. The materials were collected by means of library searches, a DIALOG computer search, and a mail survey of 115 Canadian organizations that generated a response rate of 71.3 percent. In addition to audiovisual and printed material, materials describing techniques of developing programs, teaching aids and selected reference materials, and information on several nutrition education programs are also listed.

81-0862
Diets for Children and Adolescents That Meet the Dietary Goals.
Dwyer, J.
American Journal of Diseases of Children 134(11):1073-1080, November 1980.

Pediatricians should be competent to advise parents of elementary schoolchildren on means of implementing diets that meet the dietary guidelines of the Federal government. The Ten-State Nutrition Survey and the Health and Nutrition Examination Survey revealed that (1) minority group children suffered from lack of iron and vitamin A; (2) 30 percent or more of children from all income groups had nutrient intakes below the levels specified in recommended dietary allowances for iron, vitamin A, and ascorbic acid; and (3) intakes for both children and adolescents are higher in saturated fat, total fat, sugar, protein, and sodium than recommended levels. To correct this situation, and to ensure that children over 5 years old get all the nutrients they need, menus for schoolchildren should substitute nutritionally balanced foods for foods such as fats and sugar; increase distribution of fruits and vegetables, breads and cereals, dried beans or peas, and starchy vegetables; and substitute alternatives for milk products, fatty meats, and eggs. 46 references.

81-0863
Teaching Eating and Toileting Skills to the Multi-Handicapped in the School Setting.
Gallender, D.
Springfield, Ill., Charles C. Thomas, 355 p., 1980.

Guidelines are provided for teachers to enable them to help multihandicapped students acquire self-help skills in eating and toileting. Topics include a historical overview of the handicapped, parental expectations, the role of the school, the neuromuscular system, mechanics of eating, early feeding and eating patterns, sucking skills, jaw movement and stability, lip closure and control, breathing patterns, drinking patterns, rotary chewing, reflexes, gag reflex, bite reflex actions, the tongue, dynamics of swallowing, processes of toileting, and evaluation of efforts to teach eating and toileting skills. A glossary is appended. 270 references.

81-0864
Drug Education Group Process: Considerations for the Classroom.
Garfield, E. M. and Jones, D. R.
Journal of Drug Education 10(2):101-110, 1980.

The essential classroom dynamics in group process drug and alcohol education are investigated by evaluating 7 years of experience in 17 California high schools. Group process drug education fosters learning about drug and alcohol issues via personal interaction and seeks to affect students' attitudes and drug-taking behavior by promoting introspection. Qualities for effective group leadership in drug education include group counseling skills, openness, a concern for students, and a knowledge of basic pharmacology. The best classroom climate for group process strategies fosters a feeling of security and maximizes respect for the rights and opinions of others. Problems that may arise include breaches of confidentiality, personal discomfort with process techniques, school setting constraints, disruptive students, and discipline and grading considerations. 10 references.

81-0865
Health Education: Focusing on the Video Show.
Graham, J. L.
Health and Social Service Journal (London) 90(4702):948-949, July 18, 1980.

The Forth Valley Health Board is producing and evaluating six videotapes as part of a research project. An analysis of the relevant literature indicated that the content of a tape should be aimed at persons of average or below average literacy and should use familiar language, imperative verbs, and a prefacing commentary. The production of a videotape involves preparation, taping, and editing. Preparation involves coordination of props and graphics, selection of performers, and investigation of copyright laws on music to be used. Once completed, the tape should be viewed and assessed by professionals and patients via written and picture questionnaires and interviews. Videotapes save professionals time and visually present material that can be difficult to present in any other way.

81-0866
Healthy Babies: Chance or Choice? A Peer Education Approach.
March of Dimes--Birth Defects Foundation, White Plains, N.Y.
White Plains, N.Y., the Foundation, 48 p., 19--.

The "Healthy Babies: Chance or Choice?" program is a peer education project that involves teenagers in sharing information with other teenagers to promote healthy behaviors during gestation and adoption of proper child-care techniques. Peer educators and counselors inform adolescents concerning conception, contraception, risks for the teenage mother and her baby, effects of alcohol and drug use, effects of smoking, nutrition during pregnancy, venereal diseases, effects of rubella, and other related topics. Successful methods used by peer educators have included panel discussions, parenting resource centers, rap sessions, alliances with Parent-Teacher Associations, community or school surveys, contests, cooking classes, debates, crossword puzzles, taped music or interviews, audiovisual aids, and media campaigns.

81-0867
Looking In: Exploring One's Personal Health Values.
Read, D. A.
Englewood Cliffs, N. J., Prentice-Hall, 119 p., 1977.

Material is presented for determining an awareness of the self through personal inventory tests, behavioral change sheets, and values clarification exercises. Topics include personal health, consumer health, mental and emotional health, exercise and physical fitness, nutrition, sex and sexuality, drugs, disease, accidents, environmental health, and aging and death. The exercises attempt to force people to think about their behavior and values as a first step in making desired changes.

81-0868

Plaque Control Program: Can It Be Effective?

Roller, N. W.

General Dentistry 27(5):58-61, September-October 1979.

A study involving 20 female dental patients 25-60 years old was designed to assess whether the following interventions motivated patients to control plaque buildup: (1) individualized instruction, (2) multiple instruction sessions, (3) encouragement of active patient participation, (4) minimization of fear, and (5) reinforcement. To be accepted for the study, each participant had to have at least five natural teeth per quadrant, gingival disease manifested by bleeding upon gentle probing, no oral hygiene instruction within 6 months, and no acute dental condition that would require permanent treatment. Five appointments were scheduled during a 2-week period; another appointment was scheduled 2 months after the initial appointment; and patients were recalled with 24-hour notice for an additional unannounced appointment after 6 months. The appointments involved brushing, flossing, and disclosure tablet instruction. A gingival and plaque index was obtained at the initial visit and after 2 weeks, 2 months, and 6 months. Results revealed a significant improvement between the initial gingival and plaque indices and the indices obtained at the end of the 2-week instruction period; the improvement was maintained at the 2-month and 6-month followup. The program, which only requires a total of 60-90 minutes with each patient, could be replicated easily in a dental office. 13 references.

81-0869

Wisconsin's Public Education Network.

Small, J.

Alcohol Health and Research World 5(1):37-38, Fall 1980.

Experiences in Wisconsin indicate that statewide mass media public awareness campaigns can be implemented using only the State's resources. Since 1974, Wisconsin has operated almost a dozen statewide media campaigns, and in 1980 the Wisconsin Association on Alcoholism and Other Drug Abuse won the Prevention Programs Award of the National Council on Alcoholism. The key to Wisconsin's success is a carefully planned network through which informational materials can be disseminated quickly and inexpensively from the State to the local level. The network can be visualized as a pyramid, with statewide administrative units at the top, a seven-member Public Awareness Steering Committee in the middle, and a 60-member Statewide Public Awareness Committee on the bottom. The top level produces, evaluates, and distributes prevention materials; the intermediate level plans the campaigns; the bottom level implements the campaigns. Effective statewide campaigns must have a clear message, an understanding of the audience, and a network for reaching that audience. The steering committee should be small, have carefully defined responsibilities, and include only expert staff members. Specific persons should be assigned to specific media. Following each campaign, feedback should be obtained from local representatives.

81-0870

Healthy Moms Make Healthy Babies: An Educational Guide for the Perinatal Period.

South Carolina Univ., Columbia. Perinatal Curriculum Project.

Columbia, S. C., the University, 165 p., 1978.

A perinatal education guide, developed for public health clinics by the Improved Pregnancy Outcome Project, Bureau of Maternal and Child Care at the University of South Carolina, helps maternity patients (1) exhibit those attitudes and behaviors that contribute to health during pregnancy; (2) develop sufficient knowledge to make informed decisions about prenatal care, family planning, childbirth, and infant care; and (3) demonstrate parenting behavior that enhances growth and development of the child. The curriculum is divided into prenatal education, childbirth education, infant care, and parent education and family planning. Educational objectives were formulated for each of these sections, and an instructional module was developed for each objective to (1) present an overview of content; (2) suggest instructional activities; (3) obtain instructional materials; and (4) develop evaluation criteria.

81-0871

Proto-Analysis of Academic Prevention.

Worden, M.

Journal of Psychedelic Drugs 12(1):75-78, January-March 1980.

Those who design preventive strategies in health education, particularly in alcohol education, should not be hindered by the academic superstition that before a complex multicausal problem can be prevented researchers must have precise knowledge of determinants. Historically, this position is refuted by the efficacy of the "sanitary ideal," which resulted in widespread improvement in health prior to precise knowledge of specific etiologies. Similarly, successful prevention of infectious diseases preceeded the elaboration of the germ theory, and successful prevention of pellagra preceeded full knowledge of the causes of vitamin deficiency. Much of the academic superstition seems to be based on fear of infringing on economic and political territories valued in Western society. One means of avoiding sensitive political and economic issues associated with alcoholism prevention programs is to fund extensive academic research on prevention. Unfortunately, such academic prevention does not prevent; rather, it continuously waits for more facts to come in and rarely recommends action. 24 references.

81P-0872
Center for Health Games and Simulations.
Sleet, D. A.
San Diego State University, College of Human Services,
San Diego, CA 92182
1973 - Continuing.

The Center for Health Games and Simulations in San Diego, California, attempts to encourage the design, development, and evaluation of games and simulations for use in health education. The center purchases all games and simulations relevant to teaching health and safety education; publishes subject bibliographies for individuals interested in using games and simulations in teaching, therapy, research, and planning; disseminates information on the use, design, and evaluation of gaming strategies in health; and serves as a clearinghouse for health games and health game information. Over the past 4 years, the center has collected over 100 commercial health games and approximately 45 student-produced health games in nutrition, human sexuality, fitness, drug abuse, disease, ecology, emotional health, marriage, health care, safety, smoking, consumer health, aging, and reproduction. Users have included teachers, physicians, nurses, crises agencies, social workers, and public health educators. Students in health sciences and safety at San Diego State University participate in research, evaluation, and design activities at the center. From 1973 to 1978, over 7,000 requests for information were received and processed.

PATIENT EDUCATION

81-0873
Rural Clinics Try Out Patient Education in Four Demo Projects.
Health Care Education 9(1):1, 22, February-March 1980.

Several health care clinics in rural Florida received 2-year funding from the State to conduct patient education programs. The funds will suppport one nutritionist, one health educator, and one nurse in each clinic. Educational programs sponsored or planned by the clinics include a 12-week weight reduction course, health newsletters, a questionnaire survey administered through a newsletter, and classes on diabetes and parenting. So far, only the weight reduction class has met with any success. Though the survey had a return rate of only 22 percent, it is a good indicator of the health concerns that interest the community.

81-0874
Helping Diabetics Learn Control Habits.
Borgatti, R. S.
Patient Care 14(5):120-144, March 15, 1980.

Four aids containing basic treatment instructions for the diabetic have been developed to supplement a comprehensive patient education program. The aids provide fundamental knowledge concerning injecting insulin, rotating insulin injection sites, maintaining a proper diet to prevent hyperglycemia and hypoglycemia, and urine testing. The dietary aid concentrates on diet exchanges.

81-0875
Teaching Patients to Cope With Polymyalgia Rheumatica.
Brassell, M. P.
Nursing 8(5):22, 24, May 1978.

Polymyalgia rheumatica (PR) is a type of muscular rheumatism usually affecting persons 50-60 years old, but affecting younger persons in rare instances. PR patients complain of headaches or painful areas at the top of the cranium, and muscular pain and stiffness in the back, neck, shoulder, pelvic girdle, and upper arms and thighs. Patients must be taught to balance exercise with rest and to take medication precisely as directed. Patients must be reminded that the disease can only be controlled, not cured. Because anxiety and depression often accompany PR, the patient needs as much emotional support as possible.

81-0876
An Evaluation of a Program for Teaching Clinic Patients the Rationale of Their Peptic Ulcer Regimen.
Caron, H. S. and Roth, H. P.
Health Education Monographs 5(1):25-49, Spring 1977.

A 2-year study involving 160 patients affected by recent acute attacks of peptic ulcers examined the effectiveness of teaching clinic patients about complex medical concepts related to the rationale of antacid therapy. Those who already knew about the rationale were excluded from the study, and the remaining patients were divided into three groups, one that was taught the rationale, one that was taught other materials, and one that acted as a control. Patient learning was assessed through 5 different instruments. Teaching proved effective when basic concepts were identified and taught, when important misconceptions were eliminated, and when patients' attention was maintained and their progress monitored by means of the Socratic method. The key facts were acquired by 85 percent of the patients within four sessions. However, application of the learned concepts to new problems varied with the intelligence of the patient, and certain misconceptions could not be eliminated by the teaching process. 19 references.

81-0877

Health and Patient Education at the Arizona Health Sciences Center (Editorial).

Chenet, L. L.; Johns, L. P.; and Kettel, L. J.

Arizona Medicine 37(6):431-432, June 1980.

The Family Practice Office of Arizona's Department of Family and Community Medicine has a comprehensive patient education program that includes a Patient Education Center and library, a component for development of new patient education materials and programs, and a component for patient education training for family practice residents and undergraduate medical students. The Patient Education Center provides individual and group outpatient counseling for patients referred for education by practitioners. A library of videotapes, slide-tape programs, and pamphlets is also available. The patient education committee at the center includes family practice residents, medical students, health education staff, and representatives from clinical pharmacy and social services. The Biomedical Communications Division is involved in the development of training and education programs for medical students, and provides production support services for the health education programs of individual departments at the college of medicine and the university hospital. Education services available to patients within the university hospital include instructional programs on proper nutrition, urine testing, medication doses, identification of signs of potential health risks, prenatal care, and coronary care. Finally, the center sponsors a community health education program, "Project Well Aware About Health."

81-0878

Staff Manuals for Teaching Patients.

Chewning, B. and Betz, E.

Journal of the American Dietetic Association 77(4):460-462, October 1980.

A series of manuals (hypertension, diabetes, rheumatoid arthritis, and chronic obstructive pulmonary disease) for hospital staff published by the American Hospital Association encourages the participation of nutritionists and other health professionals on patient education teams. The hypertension manual, which was field tested at six hopitals, indicates that the nutritionist and the nurse should meet regularly to discuss learning priorities for dietary management and facilitation of each other's roles. All manuals suggest that medical staff and nutritionists discuss mechanisms for nutritional referral of patients, the possibility of developing standing doctor's orders for nutrition education, and means of professional reinforcement and evaluation of patient knowledge regarding nutrition. Chapters deal with disease processes, medical management, and psychosocial issues. Each chapter opens with a list of learning objectives and includes study questions, exercises, and resource materials. Each manual also outlines means of promoting patient and family education and includes chapters on the teaching-learning process and on means of organizing patient education in a hospital setting using a team approach.

81-0879

Advertising or Education: Alternative Models for Patient Education.

Clarke, W. D.

Journal of Audiovisual Media in Medicine (London) 3(1):21-22, 1980.

A poster-changing machine containing dramatic illustrations accompanied by short messages was tested on 112 patients in a general practitioner's clinic. Each patient was exposed to the presentation about four times during the average 12-minute stay in the waiting room. A knowledge quiz was administered to the patients and to a control group of 99 persons recruited at a local shopping center. Evaluation indicated that, in every case, the clinic group's scores were significantly higher than those of the control group. Moreover, no patient ever complained about the machine; patients could be observed watching the machine with interest; and many patients were stimulated to ask their doctor further questions. From the standpoint of cost and efficiency, the device proved inexpensive and effective.

81-0880

Three Steps to Better Patient Teaching.

Cohen, N. H.

Nursing (Horsham) 10(2):72, 74, February 1980.

A systematic approach to patient education for the diabetic requires the nurse to assess the setting and patient before determining educational content. The setting includes the type of hospital, the type of hospital unit, the surrounding community, and the available resources. Assessment of the patient involves evaluating the patient's general knowledge, beliefs, perceptions, goals, abilities, and learning barriers. On the basis of the evaluation, the educator should formulate instructional content that increases the patient's knowledge and promotes compliance to the recommended treatment. Once teaching is completed, the patient's retention of the material and the likelihood that the patient will comply with the prescribed regimen can be determined by followup questions. A similar structure can be applied to groups. 7 references.

81-0881

Patient Fact Sheets: Nurses Demonstrate Patient Advocacy.

Danielson, C. D., et al.
Journal of the New York State Nurses Association 11(2):5-8, June 1980.

The Council of Nursing Practitioners, an organization of registered nurses at the Carthage Area Hospital in New York, has developed numerous means of improving nursing practice within the hospital, including the development of patient fact sheets. The fact sheets, which are issued to patients who are to be subjects of X-rays or sigmoidoscopy, are explanations of the procedures written in lay language. After approval by the Director of Nursing Service, the X-ray department, and medical staff, the fact sheets were successfully integrated into normal hospital procedures.

81-0882

Patient Education Reimbursement.

Davis, W. G.
Group Practice 29(3):8-10, March 1980.

Since 1973, the American Group Practice Association (AGPA) has been involved in a cooperative effort with Core Communications in Health and the Warner-Lambert pharmaceutical company to develop an organized system of patient education. In 1974, AGPA held the National Forum on Patient Education Reimbursement. Issues discussed at the forum included demands by patients for health education, reluctance of third-party payers to provide reimbursement for patient education and for allied health services not provided in inpatient settings, and malpractice suits. Though patients have responded well to patient education efforts, physicians have demonstrated little enthusiasm, even though at times education can help alleviate patients' stress. Moreover, nurses, pharmacists, and other professional adjuncts to the physician are often of little help to patients. Hence, the patient educator has responsibility for health education. AGPA guidelines for patient education reimbursement policies suggest that (1) patient education efforts be cooperative ventures involving both professionals and patients, (2) patient education consist of planned efforts, (3) patient education be available only through a physician's prescription, (4) services be appropriate to the immediate needs of the patient, (5) services be provided under the direction of an education committee, and (6) services be subject to quality reviews.

81-0883

Adaptive Rehabilitation in Cancer: A Program to Improve Quality of Survival.

Dietz, J. H., Jr.
Postgraduate Medicine 68(1):145-147, 150-151, 153, July 1980.

A program for adaptive rehabilitation of cancer patients is described. In order to improve the quality of survival regardless of life expectancy, the program emphasizes tolerance of the disease and elimination of unrealistic expectations of restoration of good health. Components include (1) goal-directed management appropriate to the patient's need, from prevention or restoration to support or palliation; (2) activities to interest, motivate, and distract the patient that are directed toward specific exercise goals; (3) measures to counteract the disabilities associated with cancer and its treatment, including coordination training, assistance in restoring range of motion, appropriate bracing, instruction in protection from trauma and possible self-injury, and behavioral training to reduce pain; (4) specific rehabilitation measures for the area affected by the disease; and (5) psychosocial and vocational guidance to counter anxiety, stress, and withdrawal. 15 references.

81-0884

The Diabetes Educator's Role in Teaching the Diabetic Patient.

Dudley, J. D.
Diabetes Care 3(1):127-133, January-February 1980.

Diabetes educators have become a necessary, cost-effective addition to the health care team. The role of the nurse-educator in clinical practice and in hospital teams is a new approach to improving the quality of patient education. The nurse-educator has specific responsibilities in the evaluation of each diabetic patient. The nurse must assess not only the individual's knowledge about the condition and related educational needs, but also the patient's readiness to learn. Whereas the physician's contact time with each diabetic patient is limited, the nurse-educator has time to spend with the patient and family. The nurse-educator must be skilled in the teaching-learning process, have a good understanding of diabetes, have the capability to evaluate teaching effectiveness, and interpret current research for the patient and encourage the patient to become involved.

81-0885

The Nurse Clinician: A Teaching Model for Postpartum Units.

Dungy, C. I.; Brown, N.; Krantz, M.; and Orr, D. P.
Journal of Medical Education 54(6):507-509, June 1979.

A nurse-clinician position was created in the Department of Pediatrics at the University of California Medical Center to (1) help remedy the inability for bonding between the mother in the postpartum section and the infant in the nursery, (2) guarantee parenting education for the predominantly Hispanic population, (3) route discharged postpartum patients into community agencies for follow-up services, and (4) bridge the communication and cultural gap between faculty and staff on the one hand and patients on the other. The position requires special psychosocial skills and competence in health education. The nurse develops interdisciplinary approaches to patient care, demonstrates via role modeling the importance of continuing education and teamwork between nursing and medical staffs, coordinates patient education, expands inservice training, facilitates delivery of services to patients, and acts as liaison among all affected parties. The nurse chosen to perform these duties has functioned successfully in the assigned roles.

81-0886

A New Approach to Diet for Diabetes.

Eno, J.
Journal of the Canadian Dietetic Association (Toronto) 40(2):118-122, April 1979.

Effective diet counseling for diabetics requires (1) development of a personal rapport with the client, (2) elicitation of a complete history of the client's eating habits and activity patterns, and (3) explanation to the client of the reasons for each requested dietary change. The National Diet Simplification Task Force of the Canadian Diabetic Association (CDA) is developing a poster and booklet for teaching diabetic persons and their families about diet. The project has involved collection of data on simplified diets used throughout North America, formulation of a diet poster, submission of the poster to peer evaluators, and implementation of field tests with diabetics. The resulting simplified diet should show all information necessary to plan a day's meals; require only a single sheet of paper; name and illustrate the foods; use a minimum of measures; and provide a practical aid for persons with vision, reading, or comprehension difficulties. 1 reference.

81-0887

Reducing Preoperative Anxiety in Children: Information Versus Emotional Support.

Fassler, D.
Patient Counselling and Health Education 2(3):130-134, 1980.

A study of 45 children 6-12 years old who had been admitted to a hospital pediatric ward for minor surgery explored the relative effectiveness of interventions designed to help children cope with the emotional trauma of hospitalization. The three groups into which the children were placed included one in which the children received information with supportive explanations and discussions, one in which the children received only emotional support, and one in which the children received no planned intervention. Anxiety was measured by a Manifest Anxiety Test based on the standard Children's Manifest Anxiety Test and an Anxiety Pictures Test involving 40 ink-blot drawings. A three-way analysis of variance was performed on each of the anxiety measures, with sex, age, and the intervention conditions as the independent variables. The group that received both information and emotional support scored significantly lower on both anxiety tests than did the other two groups, and the group that received emotional support only scored significantly lower on the ink-blot test than did the group that received no intervention. (Low scores on the tests signify low levels of anxiety.) Other findings suggest that the ink-blot test measures transitory anxiety levels, while the Manifest Anxiety Test measures deep-seated trait anxiety. All such programs aimed at children should include distinct emotional components. 11 references.

81-0888

Preparation of Adult Patients for Cardiac Catheterization and Coronary Cineangiography.

Finesilver, C.
International Journal of Nursing Studies (Oxford) 15(4):211-221, 1978.

A study to develop and test a preparatory intervention designed to decrease distress before, during, and after cardiac catheterization is discussed. The intervention consisted of (1) assessment of sociodemographic and illness-related patient characteristics to determine their effects on patient welfare; (2) provision of information to familiarize the patient with the events occurring before, during, and after the catheterization; (3) descriptions of cardiac anatomy, physiology, and pathophysiology pertinent to the patient's condition; (4) familiarization of the patient with things that would be requested during the catheterization procedure; and (5) provision of emotional support and reassurance. The Spielberger Trait Anxiety Inventory and the Mood Adjective Check List were used to evaluate each patient's emotional and psychological condition. The experiental group did not report higher positive or lower negative moods than did the control group before or after catheterization, nor were they less distressed by typical sensations of catheterization. However, the experimental group was more satisfied with the information they received than was the control group. 16 references.

81-0889
Make Diabetes Control a Family Affair.
Fuller, E., ed.
Patient Care 14(5):168-204, March 15, 1980.

A cross section of personal experiences of diabetics' families and of the diabetics themselves suggests means of dealing with the family stresses created by the presence of a diabetic child or parent. Cooperation by the family, or any person who influences the diabetic, is essential in the control of the diabetic's condition. The physician or health educator should involve the patient and the family in the patient education process immediately after diagnosis. The professional should allay possible guilt feelings on the part of parents, explain the reasons for the patient's symptoms, outline a rationale for the prescribed treatment plan, and recommend a basic diabetes manual. With adolescent patients, the physician should be sure to recognize possible use of the disease as a weapon in the rebellion against parents and to discuss marriage and parenthood before the patient is ready to marry. Finally, the physician should urge the patient and the family to attend a hospital education program, alert the patient and family of what to expect in the development of the disease, and encourage compliance with the therapeutic regimen.

81-0890
Why Patients Learn... Why Patients Fail...: Factors That Influence Patient Compliance.
Gaines, H. P.
Journal of Practical Nursing 29(9):22-24, 39, September 1979.

Diabetic patients will not achieve total compliance with diabetic regimens unless all three stages of cognitive, behavioral, and attitudinal change have taken place. The cognitive stage will be determined by the patient's mental orientation, ability to understand content, and ability to recall. The health educator can assess patients' cognitive ability by reviewing the medical chart, administering intelligence tests, and following teaching sessions with discussions to determine what the patients have learned and are able to recall. To encourage behavioral changes, family members should be included in teaching sessions to help the patient maintain skills (proper use of insulin and preparation of appropriate diets). Attitudinal changes are more complex and difficult to achieve. Success depends largely on the instructor's knowledge and consideration of patient personality, psychological makeup, ethnic background, economic level, and environment. 9 references.

81-0891
Helpful Tips You Can Give Your Patients With Parkinson's Disease.
Gresh, C.
Nursing (Horsham) 10(1):26-33, January 1980.

The most important educational duty of the nurse treating Parkinson patients is helping them deal with the side effects of levodopa drug therapy. As doses of the drug increase, the patient usually experiences anorexia or nausea and vomiting. To prevent the patient from ceasing to take the medication due to the side effects, the nurse should (1) explain that these effects disappear after a few months, (2) encourage the patient to take the medication after meals or with an antacid, (3) notify the doctor if the effects seriously impair the patient's eating habits, (4) explain that hypotension is common during the first weeks of levodopa treatment, (5) encourage the patient to get up slowly, (6) provide elastic stockings to reduce the severity of hypotension, and (7) monitor blood pressure every 4 hours. Other side effects that the patient must be informed of include darkened urine, perspiration, or increased saliva; cardiac arrhythmias; agitation; insomnia; confusion; and involuntary movements. The patient should also be educated concerning the potential progress of the disease, dietary and exercise recommendations, outpatient therapy, and the need to see a public health nurse periodically. 4 references.

81-0892
Helping the Diabetic Manage His Self-Care.
Guthrie, D.
Nursing (Horsham) 10(2):57-64, February 1980.

Due to the high level of patient participation in the management of diabetes, patient education programs for diabetics should be thorough. The patient should be given an instructional pamphlet for insulin-dependent or noninsulin-dependent regimes, depending on the patient's condition. This literature should explain the role of insulin in the body, hyperglycemia, hypoglycemia, factors that affect blood glucose levels, foot care, identification bracelets, insulin injection, and urine testing. The educator should keep an assessment sheet that lists all topics that should be discussed with the patient and the patient's family. The sheet should have space for dated entries concerning the topic covered, the responsiveness and apparent understanding of the patient and the family, and general comments.

81-0893
Tune-In to Prime Time Health Care.
Howie, H.
Health Care (Don Mills) 22(3):20-21, 23-24, March 1980.

An increasing number of hospitals are using television to educate their patients, employees, and community members about the hospital, preventive medicine, and ways of coping with disease. The number of hospitals in the United States that have departments to coordinate inpatient education programs rose by 65 percent between 1975 and 1978, and the number of hospitals using videocassettes or closed-circuit television in patient education programs rose by 160 percent. In addition to patients, television programming has been aimed at employees, nonpatient users, and businesses. Some Canadian hospitals offer cable extensions to the community and satellite extensions to outlying regions. Although no studies on patient utilization or information retention have been conducted, it appears that patients who watch the programs feel better about the hospital and the quality of information they receive than patients who do not. Programming frees staff from general educational tasks, links hospitals, allows delivery of specialized services to outlying hospitals, and generally proves cost effective.

81-0894
Diabetes: A Redesign for Life.
Hunt, B.
West Hartford, Conn., American Diabetes Association, Connecticut Affiliate, Inc., 82 p., October 1980.

Guidelines for diabetic patients are offered to allow them to understand and control their disease. Topics include use and storage of carbohydrates, effects of ingestion of carbohydrates by the diabetic, categories of diabetes, the role of heredity in diabetes, diagnosis of diabetes, major complications of diabetes, exercise, diet, medication, urine testing, report of urine tests, routine blood testing, symptoms of hypoglycemia and hyperglycemia, foot care, skin care, general care, identification bracelets and tags, daily care instruction, instructions for those receiving insulin, instruction for those receiving oral medication, sources of education concerning diabetes, and future issues of interest to the diabetic.

81-0895
Effects of Preoperative Teaching Upon Patients With Differing Modes of Response To Threatening Stimuli.
Kinney, M. R.
International Journal of Nursing Studies (Oxford) 14(1):49-59, 1977.

Male candidates for cardiac surgery were studied to determine if there is a difference in the anxiety level of repressors, sensitizers, and neutrals before and after preoperative teaching. Repressors are persons who avoid, deny, and repress threatening feelings. Sensitizers approach threatening stimuli by employing intellectualization, obsessive behaviors, and worry. To determine autonomic stimulation, measurements were made of systolic and diastolic blood pressure, heart rate, circulating lymphocytes, and circulating eosinophils. In addition, the patients completed the State-Trait Anxiety Inventory (STAI) form consisting of 20 statements requiring patients to indicate their feelings at a particular moment. Immediately following the patient and family teaching period, and again 1 and 4 hours after the education session, patients' blood pressures and heart rates were determined. Blood samples were taken and the STAI form was administered again. Results indicated that although repressors, sensitizers, and neutrals differed in typical mode of response to a perceived threat, all experienced some decrease in anxiety level following preoperative teaching. The three groups also produced lower, though not significantly lower, scores on the STAI following the teaching session. Lymphocyte counts were higher for each group after the teaching, indicating decreased autonomic stimulation. 9 references.

81-0896
A Computerized Diet Survey for Dental Patients.
Koerber, L. G. and Dray, J.
Journal of the Indiana Dental Association 58(5):26-29, September-October 1979.

The Indiana University School of Dentistry has modified a computerized diet survey program developed by the

30

School of Dentistry at the University of Missouri. The program is used in the dental hygiene clinic and in a chemistry and nutrition course for dental students. The data recording method, taught to each patient during a 15-minute interview with a dental student, involves a 5-day food intake record and a 24-hour intake recall record covering time of intake, food type and name, style of preparation, and serving size. The food intake record is returned, coded, keypunched onto cards, and processed by the computer, which produces a seven-page printout. The printout assists the student in diet counseling, impresses the patient with a high level of organization, and provides a permanent record to give the patient as a reinforcement for dietary recommendations. Though the lengthy coding and handling process results in a turnaround time of 10-14 days, the program has been effective as a focus for dietary counseling.

81-0897

Prescription Drug Use and Patient Education--The Critical Role of the Pharmacist.

Lee, P. R.
American Journal of Pharmaceutical Education 43(4):354-357, November-December 1979.

Pharmacists can play a key role in educating patients and physicians about prescription drugs and thus can help correct many problems associated with the misuse of these drugs. Changes in the morbidity rate do not account for the rapid increase in drug use over the past 20 years. The escalation in drug use is particularly alarming with respect to antibiotics, psychoactive drugs, and estrogen. Recent studies of some of the most frequently prescribed drugs, including psychotropic drugs, estrogens, and anti-infectives, indicate that these drugs are often prescribed inappropriately by physicians. Furthermore, a review of 185 studies reveals that, depending on the study, prescription compliance rates for patients with acute illnesses can vary from 18 to 89 percent. For long-term therapy, the average rate was 54 percent, but only 33 percent of the patients took all prescribed medication. To correct this situation, the physician must take greater responsibility as a communicator of prescription information to the patient, the pharmacist must work to reduce the irrational use of over-the-counter and prescription drugs by advising and counseling the patient, and the patient must be given patient package inserts with drugs for which such inserts have been formulated. 23 references.

81-0898

Effect of a Teaching Program on Knowledge and Compliance of Cardiac Patients.

Linde, B. J. and Janz, N. M.
Nursing Research 28(5):282-286, September-October 1979.

Thirty valve replacement surgery patients and 18 artery bypass surgery patients were included in a study designed to look at the effect of a comprehensive teaching program on patient knowledge and compliance. Twenty-five patients were taught by clinical specialists with master's degrees, and 23 were taught by nurses without master's degrees. Measurements of knowledge and compliance were obtained preoperatively, at discharge, and during the first two postoperative visits. Findings reveal significant changes in knowledge scores from the preoperative test to the discharge test and stability in most scores from discharge to both postoperative visits. Compliance percentages were significantly higher than those reported for cardiac patients in a previous study. Patients taught by nurses with master's degrees had significantly higher test scores at discharge than did patients taught by nurses without master's degrees. Further studies are needed to determine whether the difference in scores involved knowledge essential for the patients' well-being. Although nurses can design, implement, and evaluate patient education programs, nurses with master's degrees are highly recommended to develop and coordinate them. 20 references.

81-0899

Take a Systematic Approach to Patient Education Programming.

Longe, M. E. and Elliot, S.
Cross-Reference on Human Resources Management 10(5):4-5, September-October 1980.

The diversity of patient educators' definitions of patient education, perceptions of hospitals, educational and work experiences, and skills in the use of media demand a systematic approach for developing instructional plans for patients. A four-step structure to such an approach involves planning, development, implementation, and evaluation. The steps within this structure followed by the Rehabilitation Services Unit of Edward W. Sparrow Hospital in Lansing, Michigan, in developing a spinal cord injury education program included definition of the problem, documentation of the need for patient education, review of the literature, review of possible program alternatives, specification of program content, translation of the materials into instructional objectives, formulation of the information into a sequence, and selection of the most appropriate method of delivery. The final plan for the spinal cord injury education program included 10 videotaped segments that could be viewed at bedside or in a small conference room by the patient, the family, or both. A leader's guide was provided to ensure program continuity, and a workbook for the patient and the family provided information on community resources. The patient educator coordinated these materials.

81-0900
Preop Teaching Helps.
McConnell, E. A.
Nursing (Horsham) 10(3):90-92, March 1980.

Preprinted checklists that enable preoperative nurses to record patient teaching can lessen the time spent on these activities and increase time available to spend with the patient. Although such checklists are not available from suppliers, they may be formulated by nursing departments. Companies which produce preoperative teaching aids include Channing L. Bete Company of Greenfield, Massachusetts; Robert J. Brady Company of Bowie, Maryland; and Milner-Fenwick of Timonium, Maryland.

81-0901
Patient Knowledge and Compliance With Medication Instructions.
McKercher, P. L. and Rucker, T. D.
Journal of the American Pharmaceutical Association NS17(5):282-286, 291, May 1977.

Sixty elderly clinic outpatients averaging 60 years of age were interviewed to determine the relationship between compliance behavior and patient knowledge (measured by years of education, medical quiz scores, and verbal identification of medications). Patients with high levels of knowledge had a greater incidence of noncompliance with prescribed medications; the ability to verbally identify medications and the prescription instructions was the most significant indicator of noncompliance. These findings challenge the view that knowledge of drug names and prescription instructions is an accurate predictor of patient compliance. 35 references.

81-0902
Parents' and Childrens' Reactions Toward Impending Hospitalization for Surgery.
Meng, A. L.
Maternal-Child Nursing Journal 9(2):83-98, Summer 1980.

An evaluative study involving 100 elective surgical candidates 4-10 years old and their parents was designed to measure the effects of a preadmission program that consisted of a videotaped puppet show. The subjects, who were treated at a 750-bed medical center in upstate New York, were randomly assigned to an experimental group, which viewed the show, or to a control group. A subgroup within the experimental group was given a tour of the school-age and infant-toddler units. Parents were interviewed at the time of admission to obtain data regarding their reaction to the preparation program. Parents were asked to describe any preparation they had initiated with their child, the effect any recent hospitalization of a family member or close friend had on the child, the child's emotional response to the impending hospitalization, and the hospital-related questions that the child initiated. Content analysis of the parents' responses indicated that significantly more parents in the experimental group discussed the hospitalization with their children and remembered specific discussion content; that experiences of friends and family members who had been recently hospitalized were perceived as positive by all groups; that children in all groups were curious about their hospitalization; and that parental anxiety contributed to anxiety in the children. Thus, it seems that the preadmission program stimulated parents to prepare their children for the upcoming hospitalization. 2 references.

81-0903
Pseudocommunication With Patients.
Mercer, L.
Nursing (Horsham) 10(2):105-108, February 1980.

Nurses who expect to be successful in altering their patients' behaviors and attitudes must be able to establish good interpersonal relationships that elicit more than cliche responses from the patients. Small talk should be avoided whenever possible, and sharing emotional reactions with patients can be helpful. Although directive communication is necessary in patient teaching and crisis intervention, it should be avoided when encouraging self-expression in a patient.

81-0904
Sources of Programming for Patient TV Systems.
Null, J.
Texas Hospitals 36(3):10-12, August 1980.

There are several sources of programming for patient closed-circuit television systems that offer services at no cost or at a nominal cost. These sources include Modern Talking Pictures, which distributes 16mm films and videotapes for firms and nonprofit organizations; numerous Federal agencies, including the Social Security Administration, the Department of Energy, the National Park Service, and the National Air and Space Administration; the Shell, Exxon, Continental, and Phillips Petroleum companies; insurance companies; drug companies; and students who need field experience for their television or communications courses. Listings are available from film catalogs produced by Esselte Cideo and the Health Educators Resource Catalogue, and from trade magazines. Another source could be each institution's current inventory of audiovisual materials on other formats that can be transferred to video with relative ease. For all sources, users must be scrupulous in getting written permission to use films. No film should be used without adequate review by responsible persons, and recognition should be given to sources, particularly sources of free materials. 10 references.

81-0905

An Appeal to Examiners of the Learning Process (Editorial).

Peterson, H.
Patient Care 14(5):11,204, March 15, 1980.

Primary care physicians must reevaluate the traditional belief that diabetics cannot be taught to care for themselves. Physiological discoveries, oral hypoglycemics, refined laboratory techniques, and the resurgence of nutrition's importance in medicine enable the physician to advise the diabetic far better than was possible 20 years ago. Each individual passes through several chronological stages characterized by varying degrees of receptiveness to teaching. The physician should understand and take advantage of the opportunities of each of these stages.

81-0906

The Experience of an Academic as Care Giver: Implications for Education.

Roach, M. S.
Death Education 2(1-2):99-111, Spring-Summer 1978.

The experience of a nurse-educator who participated in a 1-month course in the care of terminally ill and dying patients at St. Christopher's Hospice in London, England, is examined in terms of the implications for death education. St. Christopher's is a Christian medical foundation, funded partly through donations and grants, that is (1) helping patients and their families deal with terminal illness, (2) conducting a series of psychosocial studies of the needs of mortally ill patients, and (3) providing multidisciplinary teaching experiences in thanatology. The hospice, which has firm links in policy and practice with the National Health Service, is open to all regardless of their ability to pay. Participants in the month-long course participate in ward duties, discussion sessions, and viewing of films. The ward program for the dying uses no standard hospital equipment, and the healthy and the dying live in the same integrated community setting. The success of the hospice indicates the need for inclusion of death and dying courses in standard curricula, opportunities for professionals to practice in a hospice setting, and development of hypothetical models to introduce students to the problems of the dying. 5 references.

81-0907

Pilot Study of Discussion Groups for "Worried Well" Patients in an Ambulatory Care Setting.

Ross, H. S.; Collen, F. B.; and Soghikian, K.
Health Education Monographs 5(1):51-61, Spring 1977.

Two pilot educational discussion group programs for "worried well" (functionally ill or psychosomatic) patients at the Kaiser-Permanente Medical Center at Oakland, California, were designed to demonstrate the use of an educational method to induce attitude and behavior changes in these patients. The planning team consisted of an internist, a psychiatrist, a nurse-educator, and a health educator. The first study group consisted of five female patients, the second of two males and six females. The groups met weekly for 6 weeks. It was hoped that this scheme would reduce utilization of more expensive physician resources. Preliminary findings indicate that 50 percent of the patients reduced the number of their physician visits, and 60 percent perceived the experience as helpful. Five of eight patients followed for 12 months after termination of the group meetings had continued reducing their utilization of medical resources. Future studies should be designed to examine effects of similar programs over a longer followup period, effects of applying the model to other patient populations, the cost effectiveness of the approach, and the efficacy of health educators as group facilitators. 19 references.

81-0908

Intervention to Improve Compliance With Pediatric Anticonvulsant Therapy.

Shope, J. T.
Patient Counselling and Health Education 2(3):135-141, 1980.

A study involving 201 pediatric seizure patients and their parents treated by the Pediatric Seizure Clinic of Children's Hospital of Michigan investigated compliance with prescribed therapy and the efficacy of an education program in reinforcing compliance. The instruments used included a structured interview and a laboratory test to measure the amount of anticonvulsant medication in the patient's serum. The study used a pre- and posttest design with an experimental educational intervention involving

28 mothers of noncompliant children and a control group of 39 mothers of noncompliant children. The experimental group participated in two group discussion meetings facilitated by a social worker. The control group received no special treatment aside from the interview and blood test on the children. Followup interviews and lab tests were done at regularly scheduled clinic visits. Results of the followup, which included a 12-item knowledge test, indicated that those mothers who attended the group discussions scored significantly higher on subsequent compliance and knowledge measures. Mothers in the experimental group who were contacted by phone and by mail, but who did not attend the meetings, scored higher on both measures than did those in the control group. Thus, it appears either group meetings or less personalized forms of contact can improve compliance, though the latter is somewhat less effective. 20 references.

81-0909
Maximizing Patient Compliance by Shaping Attitudes of Self-Directed Health Care.
Talkington, D. R.
Journal of Family Practice 6(3):591-595, March 1978.

A study was conducted to develop an efficient and practical procedure to maximize patient compliance and to shape attitudes and habits of self-directed health care and maintenance. Factors related to high patient compliance were identified and compliance categories were developed. One hundred and eighty-two patients comprised the experimental group, and 156 acted as controls. Compliance rates were higher in all categories for experimental patients, but compliance rates in both groups were higher than those cited in the literature. Experimental group patients reacted more favorably to the personal interaction they received than to other procedural aspects. Findings suggest that increased compliance will result if greater emphasis is placed on building a partnership with the patient, rather than on making compliance itself the major goal. 7 references.

81-0910
Instructing Patients in Physiotherapy: An Example Using Three Methods.
Wright, V.; Hopkins, R.; and Jackson, M.
Rheumatology and Rehabilitation (London) 19(2):91-94, May 1980.

Fifty-two patients treated for rheumatoid arthritis of the hands at the Rheumatism Clinic of the Leeds (England) General Infirmary were instructed in the use of wax baths and hand exercises at home. The patients were randomly assigned to a group that received handouts on the baths and exercises, a group instructed in the treatment by a physiotherapist, or a group instructed at the physiotherapy department and brought back 7-8 days later for reinforcement. The handouts were given to all three groups. The patients were assessed during personal interviews 4 weeks after the initial interview. Results of the assessments indicated that the most effective method of instruction involved instruction within the physiotherapy department. The least effective method was to rely on the handout alone. Many patients were reluctant to attend the second session of instruction, and those who did grasped no more than those who had attended only once. 3 references.

81P-0911
Getting Started Aide Program.
Cosgrove, J.
Becton Dickinson Consumer Products, P.O. Box 5000, Rochelle Park, NJ 07662
Continuing.

The Getting Started Aide Program distributes teaching aids used for instructing the newly diagnosed diabetic. The teaching aids are distributed by a consumer products corporation and include a patient teaching kit, an audiovisual "getting started" kit, and a patient take-home kit. The patient teaching kit includes a Spanish or English language cassette, a follow-along book, and a patient take-home book. The take-home kit includes product information, a take-home book, product literature and coupons, and insulin syringe samples. The "getting started" kit consists of 35mm slides, synchronized sound cassettes, suggested lesson plans for the instructor, and samples of available patient literature for reinforcing the lessons. The program is divided into three 1-hour modules. The take-home kits are distributed free of charge; the audiovisual program and teaching kits must be purchased.

81P-0912
Helping Hand Health Center.
Johnson, E.
506 West Seventh Street, St. Paul, MN 55102
1971 - Continuing.

The Helping Hand Health Center promotes self-help medical care and disease prevention by educating patients in a clinical setting. Services include individualized patient teaching, placement of displays and educational bulletin boards throughout the center, distribution of 50 individually tailored instruction sheets addressing specific health problems, and self-care outreach seminars taught by center nurses at community centers and schools. Services are available to the entire city. Each year, the center treats about 10,000 low-income patients who pay according to their income and ability. The center is staffed by 9 full-time nurses and 10 part-time doctors as well as part-time nurses and other personnel. The center coordinates its activities with local hospitals, health maintenance organizations, insurance companies, and other institutions. Forty-five percent of the center's funding comes from patient fees, and city, county, and private sources provide the balance.

81P-0913
Hunterdon Medical Center Patient Health Education.
Hunterdon Medical Center, Route 31, Flemington, NJ 08822
Continuing.

A series of programs for health education is offered to interested community groups, individuals, and patients. Programs available to families or individuals for a fee include educational programs for diabetics and their families, screening, and parenting education. Programs available at no charge to community groups provide education on cancer risk factors, coronary risk factors, breast self-examination, convulsive disorders, hypertension, stress management, venereal disease, body mechanics, personal health habits, allergies, contamination, good health and the aging process, early childhood development, child abuse, childhood health problems, hyperactive children, mental health and schoolchildren, and teenage alcoholism. Inpatient programs are directed at patients with problems related to cardiac diseases, diabetes, anticoagulant diseases, ostomy, and other health problems that physicians may consider important. Noncontinuous programs include a Pap smear screening and education event and six sessions in consumer education. The program has also initiated a health information telephone service, produced a resource directory for health services in the county, and sponsored a self-help group for cardiac patients. The program maintains consulting liaisons with five area hospitals and participates in screening programs in cooperation with numerous organizations such as the American Cancer Society, the Delaware Valley Lung Association, and the American Red Cross. Evaluation statistics are kept on all programs.

PROFESSIONAL EDUCATION AND TRAINING

81-0914
AAHE Directory of Institutions Offering Specialization in Undergraduate and Graduate Professional Preparation Programs in Health Education. 1979 Edition.
Health Education 9(6):35-43, November-December 1978.

Institutions offering specialization in undergraduate and graduate professional preparation programs in health education are listed. The degree offered, address, and the name of the contact person are also provided.

81-0915
The Dental Health Education Experiment at St. Joseph Hospital.
du Fault, M. L.
Journal of Hospital Dental Practice 13(3):94-95, 1979.

In early 1978, the University of New Mexico Dental Program and the St. Joseph Hospital cooperatively initiated an experimental field experience in patient education for dental hygiene students. The program included weekly seminars involving a participating student and a coordinator, bedside dental health education on the medical floor, dental health education to patients in rehabilitation, and limited sessions with professional staff to provide them inservice training. Twenty-eight patients were referred to the student for dental health education, though only 23 patients received dental health education. Time spent with each patient ranged from 2 to 15 minutes. The program was hindered by the fact that hospital schedules often conflicted with the needs of the educator. The most significant index of program success was the hospital's invitation to the university to continue its affiliation with the institution, and its recommendation to broaden the base of the program by including more patients.

81-0916
Teacher Training Through the National Childbirth Trust.
Gillett, J.
Midwife, Health Visitor and Community Nurse (London) 16(9):380-381, September 1980.

Since its inception in 1952, the National Childbirth Trust (NCT), which is a voluntary charitable organization, has explored ways of preparing couples for childbirth and of supporting them as they raise their families. The teacher of a childbirth course should have professional knowledge of the physiotherapist, midwife, and health visitor, as well as a knowledge of psychology, group dynamics, language, relaxation techniques, the father's part in labor, sex during pregnancy and the puerperium, problems of the underprivileged, and the feelings of the mother during gestation and birth and after the birth of the baby. In 1978, the NCT provided 8,900 women and 2,353 couples with childbirth education and certified 61 teachers. NCT teacher training includes extensive reading, researching, and writing as directed by the tutor, participating in two complete sets of classes from two separate teachers, attending course method and planning seminars, meeting with the tutor, and submitting a syllabus and an essay on a specified subject to a panel of teachers. The NCT provides many continuing education experiences once the teacher has been qualified. 7 references.

81-0917
You, Youth, and Prevention: Trainer Manual.
National Center for Alcohol Education, Arlington, Va.
Rockville, Md., National Institute on Alcohol Abuse and Alcoholism (DHEW, ADAMHA) (DHEW Publication No. (ADM)78-649), 102 p., 1979.
Available from: GPO; Stock No. 017-024-00898-2.

A training model developed by the National Center for Alcohol Education, originally designed to meet the needs of alcoholism service workers as identified in data gathered by the Area Alcohol Education and Training Programs, is presented for use by health educators. The manual provides guidelines for exploring attitudes and developing pertinent skills. In four sessions, trainees explore abuse prevention and learn to improve communication skills pertinent to addressing young audiences, to select a problem focus, and to select a prevention strategy. Appendices include refresher materials useful in conducting and managing a training event, forms useful in participant recruitment and selection, master copies of transparencies and handouts, and an instrument for evaluating the training experience. See also 81-0918.

81-0918
Management Skills for Alcohol Program Administrators: Participant Workbook.
National Center for Alcohol Education, Arlington, Va.
Rockville, Md., National Institute on Alcohol Abuse and Alcoholism (DHEW, ADAMHA) (DHEW Publication No. (ADM)78-720), 180 p., 1978.
Available from: GPO; Stock No. 017-024-00818-4.

A workbook for use in conjunction with "You, Youth, and Prevention: Trainer Manual" is designed to meet the needs of alcoholism service workers and health educators. The workbook contains the handouts participants need for the sessions outlined in the manual. See also 81-0917.

RESEARCH AND EVALUATION

81-0919
What Do Teens Know About the Facts of Life?
Amonker, R. G.
Journal of School Health 50(9):527-533, November 1980.

An exploratory study of 372 teenagers passing through the Planned Parenthood Office of Southwest Missouri in Springfield over a 12-month period investigated the extent of the adolescents' sexual knowledge. Eighty-two percent of the respondents were from grade 10 or above. Sixty-seven percent claimed to be experienced sexually; however, only 37 percent stated that they had used some method of birth control at some time. When asked to rank their sources of sexual information in order of importance, the respondents ranked friends first, mass media second, and parents third. In the area of knowledge, the questionnaire results indicated that subjects lacked knowledge concerning birth control practices, drugs, and devices, but that they were generally well informed concerning venereal disease. Young women scored better than young men on all sections of the questionnaire, and those who had remained in school scored better than those who had not. These results suggest that formal sex education programs, which are currently part of required school curricula in six States and the District of Columbia, should be mandated in all States. 13 references.

81-0920
Mass Media, Alcohol and Drugs: A New Trend.
Breed, W. and De Foe, J. R.
Journal of Drug Education 10(2):135-143, 1980.

While alcohol and other drugs have similar physiological effects, they are defined differently by society; that is, alcohol is generally approved and other drugs are generally disapproved. The mass media has tended to reflect these views. However, a shift has been noted. Several televised situation comedies have presented marijuana as a relatively harmless escape from the cares or boredom of life. Most specialists studying the effects of the media believe that it does influence individual attitudes and behavior. Unfortunately, the two antidrug media devices, namely, public service announcements and news releases, have proven ineffective. The few television dramas that cast drug use in a negative light seem to have some positive effects. Television programming is most inimical when it includes incidental treatments of drug or alcohol use that render such use in a humorous light. Continuation of this trend may encourage a permissive attitude toward marijuana and other drugs. 11 references.

81-0921
Alcohol: A Description and Comparison of Recent Scientific vs. Public Knowledge.
Buckalew, L. W.
Journal of Clinical Psychology 35(2):459-463, April 1979.

A review of the literature on alcohol use and abuse since the "rediscovery" of the fetal alcohol syndrome (FAS), and a survey of female students allowed comparison of recent scientific advances with the knowledge of the general public. The research concentrated on a search for explanations of alcohol use and abuse and on several areas of biological morphogenesis. Significant documentation exists for FAS that validates both physiological and developmental attributes. As an index of public knowledge, a 23-item true-false alcohol questionnaire was administered to 69 high school, 67 college, and 52 graduate students; the survey represented statements relative to the nature, etiology, effects, variables, and consequences of alcohol use and abuse. The composite mean score was less than 60 percent correct, suggesting significant misinformation and misconceptions about alcohol. The study indicated that education has a positive though minimal effect on alcohol knowledge, that females were generally more knowledgeable than males, and that whites were more knowledgeable than blacks. Clearly, a major problem exists in transfering alcohol knowledge from the scientific community to the general public. 27 references.

81-0922
Use of Over-the-Counter and Home Remedies by College Students.
Cafferata, G. L.; Lach, P. A.; and Reifler, C. B.
Journal of the American College Health Association 29(2):61-65, October 1980.

Two surveys, one involving a random sample of 302 students at the University of Rochester in New York and the other involving all professional staff responsible for their care, were designed to develop base-line data on self-medication and indicators of need for health education programs. The student questionnaire asked for (1) names of brands of nonprescription drugs used for 27 symptoms and (2) factors influencing the selection of over-the-counter (OTC) drugs. All medications used by consumers for 17 of the 27 symptoms were evaluated by university health service staff. The pattern of student use of OTC drugs reflected patterns observed in other populations. Analgesics and cough and cold remedies were the most widely used internally administered drugs, while toothpaste, antimicrobial skin ointment, and acne aids were the most widely used topical products. Adoption of particular OTC products was reportedly influenced more by friends, packaging, and media promotions than by health professionals such as doctors, nurses, or pharmacists. Nervous tension, insomnia, minor burns, cold scores, and constipation were the most inappropriately treated symptoms. The results of this study suggest the need in this clinical population for health education programs in stress and anxiety management, skin care, and gastrointestinal problems. They also suggest the need for health professionals to ask their patients about OTC drug use on a routine basis. 12 references.

81-0923
Guide to Health Needs Assessment: A Critique of Available Sources of Health and Health Care Information.
Chambers, L. W.; Woodward, C. A.; and Dok, C.
Ottawa, Ontario. Canadian Public Health Association, 26 p., 1980.

A critique of the available sources of health and health care information is offered for use by regional health planning authorities, public health units, and instructors in health evaluation and research planning courses for professionals. Topics include definitions of different approaches to health needs assessment, advantages and disadvantages of various sources of health and health care information, and examples of the use of different information sources in health needs assessment. Pre- and posttests for users are included.

81-0924
Forging an Identify for the Non-Smoker: The Use of Myth in Health Promotion.
Chapman, S. and Egger, G.
International Journal of Health Education (Geneva) 23(3, Suppl):16 p., July-September 1980.

Five examples of cigarette advertisements in the Australian print media are analyzed to determine the role of myth in promoting smoking and to study the possibility of adapting the mythical process to promote nonsmoking.

Cigarette advertisements are decoded through the identification of signifiers, referent systems, problems, promises, myths, binary opposites, and exhaustive common denominators. Developing an advertisement requires the creation of a problem around which the advertisement will offer a promise energized by a myth. The problem may be about negative qualities or associations related to the product or to the users or potential users. Myth acts as an anxiety reducing mechanism by restating the basic dilemmas of the human condition. The process of reducing surface presentations to binary opposite substructures is achieved through the structuralist-analytical process called the exhaustive common denominator. Referent systems are the social settings that contain the desirable values or moods, while signifiers are the elements that generate these referent systems. An adaptation of the mythical process to the development of a positive myth-[illegible] for nonsmokers is discussed. 25 references.

81-0925

The Nutritional Knowledge and Practices of the Rural Homemakers in a Post and a Non ANP Block.

Devadas, R. P.; Jayapoorani, N.; and Gowri, T. S.

Indian Journal of Nutrition and Dietetics 14(7):157-160, 1977.

A study involving 30 villages in the Coimbatore district of India was designed to assess the nutritional knowledge and practices of selected rural homemakers who had participated in the Applied Nutrition Programme (ANP) compared with those who had not participated. Ten randomly selected villagers from each of the 30 villages (15 of which had participated in the ANP and 15 of which had not participated), were selected as the sample population. Data were collected during 20-30-minute interviews. Interview results confirm that the three components of the ANP, namely, production of protective foods, consumption of protective foods, and education concerning nutrition, had improved the nutritional knowledge and practices of the rural homemakers. Results indicate that nutrition education should become an integral component of all community development and educational activities. 3 references.

81-0926

Patient Comprehension Profiles: Recent Findings and Strategies.

Doak, L. G. and Doak, C. C.

Patient Counselling and Health Education 2(3):101-106, 1980.

Measurements were made of the reading levels of (1) 100 booklets, pamphlets, and special instructions in use at the Public Health Service Hospital in Norfolk, Virginia, and (2) 87 representative patients. The reading levels of the literature was evaluated using the SMOG readability formula; one experienced rater conducted the readability assessment. A profile of the reading levels demonstrated that the written materials ranged from the 4th to the 16th grade reading level, but that few materials fell below the 8th grade level. Two brochures--a word recognition test and two cloze tests, one at the 10th grade level and one at the 5th grade level--were used to assess the reading levels of the subject patients. Word recognition scores of the patients showed that more than 60 percent had word recognition levels at the 7th and 8th grade levels, and that the average word recognition skill level was four or five grades lower than the average patient's claimed educational level. Comprehension profiles derived from the tests indicated that 36 percent of the patients could not read well enough to take the fifth grade cloze test, that 20 percent of the patients could not understand either written or spoken instructions, and that 49 percent of the patients comprehended at the fifth grade level. These results suggest that health instruction materials should present only the minimum essential information in simple language and sequential order, with an emphasis on the patient's point of view and behavior rather than theory. 9 references.

81-0927

Helping Families Face the Crisis of Cancer.

Giacquinta, B.

American Journal of Nursing 77(10):1585-1588, October 1977.

A model of the family's reaction to and acceptance of cancer in a family member is described. During the first of four stages, immediately following the initial diagnosis of cancer, the family proceeds from feelings of shock and strain through periods of functional disruption, searches for the meaning of the disease, and attempts to share the revelation with others, to a period in which strong emotions are confronted. During the second stage, the patient ceases to perform familiar roles and the family undergoes a reorganization and begins to frame memories of the affected person's life. The bereavement or third stage, which coincides with the death or imminent death of the patient, is characterized by an experience of separation and loss followed by mourning. Once mourning is completed, the family moves into the fourth stage by reestablishing its ties with the broader social network. Therapists dealing with families affected by cancer should be aware of these stages. 5 references.

81-0928
The Adolescent Alcohol Questionnaire: Its Development and Psychometric Evaluation.
Gliksman, L.; Smythe, P. C.; Gorman, J.; and Rush, B.
Journal of Drug Education 10(3):209-227, 1980.

Twenty-four seventh graders, 81 eighth graders, 38 ninth graders, and 60 tenth graders from 4 schools in Ontario, Canada, were administered a preliminary version of a questionnaire designed to measure attitude, motivation, behavior, and knowledge associated with alcohol use and abuse. Attitudes were measured via a Likert formula and a semantic differential format. Behavioral indices included the Adolescent Alcohol Involvement Scale, a 14-item multiple choice test that has been used as an index of alcohol abuse, and a table that allowed students to indicate the amount of alcohol they consumed. Motivational measures distinguished between drinking used as an escape (personal effects) or as a festive activity (social effects). The questionnaire also included a 20-statement knowledge segment formulated to reflect the information presented in the students' alcohol curricula. The resulting Adolescent Alcohol Questionnaire, with its multiple attitude measures and general measures of motivation and behavior, would probably be useful in the evaluation of other education programs. 34 references.

81-0929
College Student Interests in Drug Education Go Further Than Illicit Drugs.
Gold, R. S.; Duncan, D. F.; and Sutherland, M. S.
Journal of Drug Education 10(1):79-88, 1980.

A survey of 86 undergraduate students enrolled at the State University of New York at Brockport gathered information on their drug information interests. The survey allowed students to write out questions they thought college students were interested in concerning herbal drugs, over-the-counter drugs, prescription drugs, unrecognized drugs, tobacco, alcohol, and illicit drugs. Each of the seven categories of drugs was precisely defined on the questionnaire. The 51 female and 35 male respondents wrote 541 questions, of which 108 concerned herbal drugs; 103, illicit drugs; 55, alcohol; and 59, prescription drugs. The drugs whose effects were of greatest interest were the herbal drugs, followed respectively by illicit drugs, over-the-counter drugs, unrecognized drugs, alcohol, tobacco, and prescription drugs. There were 188 questions about the effects of drugs, and 82 questions about the hazards associated with drugs. Application of the Pearson Product Moment Correlation Coefficient to measure associations among the questions indicated a total lack of negative correlations. Findings reveal that the typical college-level drug course does not correspond with student interests, suggesting that a survey of student interests should precede the planning of such courses. 12 references.

81-0930
Drug Education--A Turn On or a Turn Off?
Goodstadt, M. S.
Journal of Drug Education 10(2):89-99, 1980.

A review of all 15 available studies reporting negative effects of drug education programs demonstrates that these programs exhibit both negative attitudinal and behavioral effects, usually in combination with positive program effects. Most studies of the impact of drug education have been hindered by inadequate measurement techniques. Major flaws include use of survey techniques that provide observations at only one point in time, inattention to the types and validity of questions asked of subjects, inconsistency in findings that indicate that drug education results in increased levels of drug use, reliance on correlational rather than causal data, neglect of alternative hypotheses to explain increased drug use among those exposed to educational programs, and flawed data resulting from selective attention by observers. A review of the experimental evidence indicates that (1) relatively few scientifically conducted studies have demonstrated a negative impact by drug education programs; (2) the majority of reported negative findings have involved a significant increase in reported drug use among subjects; (3) all reported negative findings have been associated with the reporting of positive findings in the same study; and (4) no common program characteristic was detectable in the programs with negative results. Evidence also suggests that apparent increases in drug use may actually be increases in reported drug use. 30 references.

81-0931
Improved Detection of Human Breast Lesions Following Experimental Training.
Hall, D. C.; Adams, C. K.; Stein, G. H.; Stephenson, H. S.; Goldstein, M. K.; and Pennypacker, H. S.
Cancer 46(2):408-414, July 15, 1980.

A study involving 20 female volunteers serving as trainees and 6 females with breast lesions serving as stimulus subjects was designed to evaluate the effectiveness of breast examination training using silicone models. Ten trainees received a 20-30-minute training session with the silicone model, while the remaining 10 trainees performed an unrelated activity. The stimulus subjects, who had a total of 13 benign breast lumps, were examined by both groups of trainees before and after either the training session or the period of unrelated activity. The dependent measures from the pre- and posttests were duration of each breast examination, number and location of each reported detection, and confidence rating of each detection or false positive detection on a scale of 1 to 5. Results indicated that following the training the percentage of correct detections, duration of examination, and reports of false positive increased. Confidence in correct detections and false positive detections also increased. These results suggest that the training was highly effective and that there exists a need for a more complex breast model for training discrimination between normal nodularity and breast lesions. 19 references.

81-0932
The Cloze Procedure.
Holcomb, C. A. and Ellis, J. K.
Health Education 9(6):8-10, November-December 1978.

A study of 84 elderly adults who eat a noon meal at the 13 program sites operated by the Oregon District Four Elderly Nutrition Program was designed to determine the readability of selected patient education materials using a comprehension-measuring device called the cloze procedure. The instruments used in the investigation were three separate cloze test forms, each of which used printed information on hypertension. The Dale-Chall readability formula was used to revise the readability level to conform to a sixth grade reading level, and the Coleman readability formula was used to predict the cloze score for the printed material. Results indicated that the subjects scored significantly lower than had been predicted by the Colman formula. The study verified the observation by other researchers that the cloze procedure is more effective than the Colman and Date-Chall procedures in contrasting the relative difficulty of the content of different samples of printed material. The cloze procedure also seems to be able to assess the patient's recognition of words and sentence structure. Implications for health educators in formulating educational prescriptions for their patients are discussed. 10 references.

81-0933
Applications of a Theory of Drug Use to Prevention Programs.
Huba, G. J.; Wingard, J. A.; and Bentler, P. M.
Journal of Drug Education 10(1):25-38, 1980.

An interactive theory of drug use can provide the framework for integrating current knowledge and initiating new research in prevention programs. The major characteristics of the theory include comprehensiveness, a design for empirical testing using causal models, a differentiation of direct and indirect causes of drug use and its consequences, and a delineation of mechanisms associated with different stages of drug use. The theory views initiation of drug use as due to self-perceived behavioral pressure arising from the user's intimate support system; continued drug use as due to the reinforcing effects of drugs; cessation of drug use as due to different processes for different individuals; and relapse into drug use as due to peer pressure, organismic cravings for drugs, personality, and environmental stresses. The model suggests that primary prevention programs must address themselves simultaneously to aspects of the individual's intimate support system, personality, and the way the individual combines information into a judgement of perceived behavioral pressure. In the design of treatment, programmers must consider different ways in which individual patterns of drug use are maintained through reinforcement, affective benefits, the avoidance of withdrawal, and personality change. Thus, professionals will need training in a multitude of disciplines, and future evaluation designs will have to be more comprehensive than they are now. 14 references.

81-0934
Counselling Needs of Women With a Maternal History of Breast Cancer.
Kelly, P. T.
Patient Counselling and Health Education 2(3):118-124, 1980.

Thirty-nine women whose mothers had had breast cancer were interviewed to determine their own needs, concerns, and health practices pertaining to breast cancer. The subjects were obtained from a group of women who had participated in a previous breast cancer epidemiology project at the University of California at San Francisco. Each participant was interviewed for 1 hour in a semistructured interview schedule. The grounded theory method was used to analyze the data collected via the nonstructured items. Data analysis revealed that (1) many of the women had feelings of guilt and anxiety after the diagnosis of their mother's breast cancer; (2) 79 percent practiced breast self-examination (BSE); (3) both BSE practitioners and nonpractitioners thought that their emotional reactions to cancer might keep them from performing an adequate examination; (4) subjects sought frequent breast examinations by professionals; (5) professional examination relieved anxiety in the subjects; and (6) 82 percent felt that the risk of breast cancer was increased due to their maternal history of breast cancer. Though the subjects were also concerned about the effects of birth control pills, radiation, and other factors influencing breast cancer, they had only vague, and sometimes incorrect, information about the magnitude of risk. Results indicate that women with maternal histories of breast cancer should receive continuing counseling and information services. 19 references.

81-0935

Impact of Providing Milk Options and Nutrient Information in School Lunch Programs.

Martilotta, M. and Guthrie, H. A.

Journal of the American Dietetic Association 77(4):439-443, October 1980.

A study of 1,400 junior and senior high school students in rural Pennsylvania was designed to assess (1) the impact on consumption and waste of offering students a choice of whole, skim, and low-fat milk, and (2) the effect of providing nutrition information and the factors that influence student choices in this area. A 10-day base-line assessment period, during which no milk choice was offered, was followed by a 14-day period, during which a choice was offered. The final phase involved availability of the milk choice along with provision of nutrition education. Assessments were made of the number of students buying milk, the type of milk chosen, the number of milk cartons purchased per student, the number of each type of milk carton returned unopened, and other variables that might affect milk consumption. Results indicated that offering a choice of whole, skim and low-fat milk increased student participation in the lunch program to 71 percent compared with 65 percent during the base-line period. Although no change in student participation followed the introduction of nutritional information, there was a significant increase in the percentage of both junior and senior high school students choosing low-fat milk. However, introducing a choice of milk and providing nutritional information were both associated with a decline in overall milk consumption. Results are detailed by experimental period, type of student, and milk choice. 21 references.

81-0936

Methodological Considerations to Improve Anti-Smoking Research.

O'Rourke, T. W.

Journal of Drug Education 10(2):159-171, 1980.

An overview of recent research in smoking behavior reveals significant methodological limitations that detract from the usefulness of such research: (1) behavioral groups (regular smokers, occasional smokers, etc.) are defined differently by different researchers, making comparisons between studies difficult; (2) the unacceptable nature of smoking, particularly the well-known negative feelings of adults toward teenage smoking, often result in dishonest reports by subjects; (3) the univariate form of analysis employed by most studies fails to address the interaction of psychosocial variables that may serve to influence the development of youth smoking behavior; (4) most measurement instruments used by researchers do not pass beyond content or face validity, which is limited to subjective analysis; and (5) researchers concentrate on cessation or modification of smoking behavior, neglecting prevention efforts. To ameliorate these weaknesses, future researchers should develop a standard glossary with operational definitions of each major term, concentrate on means of pinpointing and counteracting the dishonesty of study subjects, use multivariate analysis, emphasize instrumentation that has reliability and concurrent or predictive validity, emphasize preventive programming, and incorporate outcomes other than cessation as criteria of program success. 37 references.

81-0937

Expected and Actual Knowledge of Hospital Patients.

Pool, J. J.

Patient Counselling and Health Education 2(3):111-117, 1980.

A survey of six general hospitals in the Netherlands studied the relationship between doctors' and nurses' perceptions of patient's knowledge and (1) patients' reported informative behavior and (2) the actual level of patients' knowledge. Forty-eight doctors and four hundred and forty-two nurses filled out a questionnaire reporting percentages of patients they would expect to have valid knowledge in each of a number of fields. The same items were presented to 754 inpatients in the form of questions. About 50 percent of the patients had adequate medical knowledge and knowledge of the hospital environment; the actual knowledge levels of patients agreed with the expectation of doctors and nurses; and professional expectations were lowest concerning patents' knowledge of their own conditions. Analysis of data on the ward level revealed that, particularly in the case of knowledge of the hospital and ward, the professionals' expectations exceeded the actual knowledge; in the medical category, this applied only to knowledge of anatomy and physiology. Knowledge expectations of doctors were positively related to a more professional attitude; among nurses, a more bureaucratic attitude, greater job satisfaction, and less uncertainty about occupational roles correlated with lower expectations. 7 references.

81-0938

Psychoactive Medicinal and Nonmedicinal Drug Use Among High School Students.

Roush, G. C.; Thompson, W. D.; and Berberian, R. M.
Pediatrics 66(5):709-715, November 1980.

In a random sample of 1,094 New Haven, Connecticut, area high school students, nonmedicinal drug use was 1.9 to 11 times greater among those students with a history of 3 or more recommendations of a psychoactive drug by a physician as compared to those students who had never received such a recommendation. The cross-sectional study was based on a supervised, self-administered questionnaire distributed by survey teams at 20 high schools during the 1972-1973 academic year. The relationship between medicinal psychoactive drugs and nonmedicinal drug use persisted when potentially confounding variables were controlled, and was statistically significant for cigarettes, marijuana, amphetamines, barbiturates, and heroin use. The relationships of cigarette, marijuana, amphetamine, and heroin use to physician recommendation of a psychoactive drug appeared to be as strong as those of previously identified correlates of nonmedicinal drug use. Although causal mechanisms cannot be inferred from these data, the results may have implications for preventive programs aimed at decreasing nonmedicinal drug use. 30 references.

81-0939

Sources of Information About "Drugs."

Sheppard, M. A.
Journal of Drug Education 10(3):257-262, 1980.

Sixteen studies of how people get information about drugs were examined to determine the best methods for reaching target audiences. The studies were categorized by the kinds of questions asked and by date, sample, and results. Professional adults reported that they would first turn to other professionals for information, then to the mass media. Students indicated parents, television, and friends, respectively. Drug users said that they would ask friends, nonusers, or physicians for information. Other findings indicated that youthful users thought that other users or ex-users were the most credible sources, that youthful nonusers found scientists and the media the most credible, that adult users perceived professionals as the most credible, that students asked older siblings for advice, and that most students had never sought help. These findings and others reveal the need for (1) long-term studies in this area, (2) an examination of the effectiveness of the sources chosen by specific target audiences, (3) careful tailoring of media messages to responsive target audiences, and (4) educational programs that will better inform the sources. 16 references.

81-0940

What Do Young Adults Really Know, Think and Do About Health?

Slayen, P. W.
South African Medical Journal (Cape Town) 57(21):877-880, May 24, 1980.

A survey of 665 first-year students at a South African university was conducted to determine students' health knowledge, sources of knowledge, and health beliefs and attitudes. Findings reveal that (1) few students thought their health instruction in primary and secondary schools had been adequate; (2) students obtained most health knowledge from books, friends, and the mass media; (3) students were aware of the detrimental effects of smoking and alcohol on health; (4) 78 percent thought that parents should discuss sex openly with their children; (5) 20 percent of the students indicated that they seldom participated in sports, and 11 percent that they never participated; (6) 17 percent were regular smokers and 13 percent were regular drinkers; (7) 37 percent had experienced sexual intercourse; and (8) students were able to distinguish between fact and fallacy about common medical myths and treatments even though many were ignorant of the relationship between health behavior and long-range consequences. Findings suggest that health education in South Africa should occur in the formative years and should receive the same emphasis as other academic subjects.

81-0941

Alcohol Portrayal in the Mass Media.

Small, J.
Alcohol Health and Research World 5(1):30-34, Fall 1980.

Recent research on modeling theory indicates that constant exposure to television programs extolling the virtues or dangers of alcohol consumption can influence drinking habits. Approximately 98 percent of all households in the United States own at least one television, and the average household viewed an estimated 6 hours and 28 minutes a day during the 1978-79 television season. An analysis of 80 prime-time hours in March 1973 and 21 hours in November 1973 revealed that incidents involving alcohol consumption were depicted at a rate of 1.3 to 1.6 per hour. Another study found alcohol consumption depicted in 201 of 249 programs viewed over 250 hours during a 2-month period. Other studies support these findings and suggest that television and other media fail to depict consistently the effects of alcohol use and abuse. Researchers agree that television's portrayal of alcohol use seems to "normalize" drinking. In response to these findings, a project funded by the National Institute on Alcohol Abuse and Alcoholism promotes cooperation between project staff and television writers, producers, and directors. Such cooperation should result in the inclusion of "reality reminders," which would be added to scenes and show the negative side of alcohol use. 14 references.

81-0942

Comprehensive and Continuing Care; Proceedings of the Fourteenth Annual Meeting on Prospective Medicine and Health Hazard Appraisal, St. Petersburg, Florida, October 5-8, 1978.

Society of Prospective Medicine, Indianapolis, Ind.
Bethesda, Md., Health and Education Resources, 95 p., February 1979.

Topics of the 14th Annual Meeting of the Society of Prospective Medicine include an overview of health hazard appraisal (HHA); the national perspective on health education; the prevention value of the annual physical examination; a cost-effective lifestyle improvement program; application of a risk-factor identification and reduction program in a corporate setting; prospective medicine's dependence on scientific methodology; the Greendale Project; comprehensive medicine; the relationship between physical fitness test scores and HHA indices; the effect of eliminating self-assessment of frame in HHA; the Hite Project; risk appraisal for the low risk person; comparative mortality; a method for improving risk factor appraisal; prospective health and wellness; the role of prospective medicine in medical education; the family physician; changing lifestyles through changing organizational cultures; and statistical evaluation of an inpatient multiple risk factor modification program.

81-0943

Evaluation of Simulations and Games: A Comprehensive Procedure and a Case History.

Thiagarajan, S.
Health Education Monographs 5(Suppl. 1):64-73, 1977.

A procedural model for evaluating simulations and games used in health education programs is illustrated by a case history of the evolution of a game through repeated evaluations. The four major dimensions in evaluating a game are the purposes of evaluation, sources of evaluative data, emphasis on main or side effects, and timing of evaluation. Sequential stages in a typical evaluation are evaluation of the prototype game by the designer, appraisal by experts, pilot demonstrations with a group of locally available players, tests in a typical setting, tests in the field via controlled study run by an outside evaluator, and long-term evaluation by consumer groups. Depending on the length and complexity of the game, this chronology of evaluation, not including the final long-term evaluation, may last from 2 months to 2 years. Each stage is either formative or summative or both. ("Summative," in this case, indicates that the evaluator is attempting to prove the game's effectiveness, and "formative" indicates that the evaluator is attempting to improve the game's effectiveness.)

81-0944

Assessing Effects of Mass Media Campaigns: An Alternative Perspective.

Wallack, L. M.
Alcohol Health and Research World 5(1):17-29, Fall 1980.

A framework for assessing the effects of mass media alcohol awareness campaigns is discussed. Programs promoting moderate use of or abstinence from alcohol, tobacco, or drugs implicitly rely on the theory that attitude change precedes and predicts behavior change. However, research on attitudes and behavior suggests that the relations that do exist between the two are not clear. Furthermore, several reviewers have found that the effects of mass media campaigns designed to alter alcohol-related behavior are negligible, though combinations of mass media and interpersonal or community organization approaches have proven effective. In evaluation, studies assessing the effects of mass media campaigns appear to have a limited impact on the design and expectations of other campaigns. Methodological problems flaw the evaluations of most media efforts. These findings suggest that campaigns should be evaluated by measuring behavior change. Group-level analysis can augment cross-sectional designs by means of surveys, examinations of institutional records, interviews with those who interact with members of the target audience, and direct observation of the subjects. Other sources of evaluative information include social and health indicators, official statistics, and ethnographic studies. Numerous references.

81-0945

Childbirth Education Evaluation: The Indianapolis Experience.

Zwirn, E. E.; Fry, L. R.; Reed, D. B.; and Martin, R. E.
Birth and the Family Journal 6(2):105-108, Summer 1979.

Data collection activities conducted by the Indianapolis-based Maternity Family League of Indiana during 1977 are examined to (1) provide a framework for understanding the initiation and implementation of an agency-wide data collection effort, and (2) demonstrate ways in which data collection is essential for agency goal and priority setting. Four sets of data were examined: the registrar's log, which demonstrated the increasing number of parents prepared for childbirth; the dirctor's files, which indicated the number of childbirth education (CBE) instructors and assistants; family registration cards; and a form completed by parents after childbirth, which provided data concerning the labor and birth experience and the couples' evaluation of CBE classes and instructors. Data was organized to facilitate keypunching and mechanical processing by computer. Findings based on data processing are discussed in terms of client origin, source of referrals, maternal characteristics, the labor and delivery experience, instructor and class evaluation, and infant-feeding preference.

RISK REDUCTION

81-0946

Promoting Health and Fitness--A New Role for Hospitals.

Carpenter, D. C., Jr.
Hospital and Health Services Administration 25(3):16-30, Summer 1980.

Government support of physical fitness, exemplified by a bill passed by the Senate Subcommittee on Health and Scientific Research that would provide $12 million for model projects in physical fitness, should encourage hospitals to become involved in such programs. Fitness and exercise programs have also been supported by health service associations, various government agencies, the Blue Cross-Blue Shield Company, numerous industries, the American Hospital Association, and the wellness movement. Hospital professionals particularly suited to fitness programming include dietitians and nutritionists, physical therapists and exercise physiologists, cardiac rehabilitation specialists, clinical lab technicians, and social workers. An emerging concept in the physical fitness movement is the hospital physical fitness center with three operational divisions, fitness counseling services, fitness facilities, and fitness research activities. Though there are several unresolved issues associated with the hospital's role in physical fitness, the potential for containing medical costs through physical fitness programming remains unchallenged. 22 references.

81-0947

Young People and Smoking: The Need for Broader Concepts.

Dekker, E.
In: Childhood Prevention of Atherosclerosis and Hypertension. Lauer, R. M. and Shekelle, R. B., eds. New York, Raven Press, p. 229-234, 1980.

A review of the factors that influence smoking by young people and of the effects of health education on smoking behavior reveals a need for broader concepts within and outside the health education field. Factors associated with smoking by teenagers include parents and siblings who smoke, parents with low socioeconomic status, single-parent households, urban environments, low academic achievement, and individual rebelliousness and anticipation of adulthood. It is difficult to determine whether antismoking programs aimed at youth have been successful; at present (1) most programs are never evaluated, (2) there are too many "one-shot" programs, and (3) little attention is paid to the different motivations of nonsmokers and new and dependent smokers. Future programs should be initiated with a precise description of the target group, varied in the use of media, based on the cultural values of the target group, planned as long-term ventures, addressed to the needs of the individual as a peer group member, and integrated into a larger social movement. 17 references.

81-0948

Beliefs of Teenagers About Smoking and Health.

Green, D. E.
In: Childhood Prevention of Atherosclerosis and Hypertension. Lauer, R. M. and Shekelle, R. B., eds. New York, Raven Press, p. 223-228, 1980.

An examination of the prevalence of smoking among teenagers and the characteristics of the teenage smoker reveals influences leading adolescents to smoke and possible means of discouraging smoking in this age group. One in six adolescents 12-18 years old are cigarette smokers. Although the rate has remained constant among young males for the past 10 years, the percentage of young females who smoke has steadily increased. Demographically, smokers seem to differ from nonsmokers because they tend to have parents who smoke, to come from single-parent families or families without parents, have parents who did not attend college, have little desire to go to college, work outside the home, have friends who smoke, and use alcohol or controlled substances. In the area of perceptions and attitudes, smokers are more likely than nonsmokers to (1) discount the seriousness of smoking, (2) believe that smokers are more at ease with other persons, (3) believe that experimenting with smoking is not dangerous, and (4) believe that teenagers should have adult rights and responsibilities. These findings suggest that an effective antismoking program should consider parental and peer pressure influences. 6 references.

81-0949

Constructive Peer Relationships, Social Development, and Cooperative Learning Experiences: Implications for the Prevention of Drug Abuse.

Johnson, D. W.

Journal of Drug Education 10(1):7-24, 1980.

One approach used to prevent drug abuse is to provide socializing experiences that help children and adolescents acquire basic social competencies. These competencies are developed within meaningful interdependent relationships. While adult-child relationships have long been emphasized, there is increasing evidence that constructive peer relationships are necessary for successful socialization. Since the children and adolescents most in need of constructive socializing experiences tend to come from stressful, abusive, or indifferent families, the most promising approach to intervention is within the school. Instructional experiences may be structured cooperatively, helping students achieve good relationships with their peers and allowing teachers to emphasize (1) the development of social skills, roles, and sensitivity; (2) peer accountability for developing values and self-control; and (3) resistance of social pressures to abuse drugs. 30 references.

81-0950

The National Consumer Communications Program.

Kime, T. Q.

Journal of the American Optometric Association 51(4):350-352, April 1980.

During the first 15 months of the American Optometric Association's National Consumer Communication Program (NCCP), 111 million net impressions were made on Americans who either read or viewed program messages. By December 1979, the NCCP had reached 88 percent of its primary target audience (female homemakers 25-54 years old), with an average of seven impressions for each audience member. The NCCP presented forty-two 30-second messages on prime-time or daytime television, printed 32 insertions in 12 highly read consumer magazines, and disseminated 13 million copies of a family guide to vision care. Goals for 1980 included increased awareness of the importance of periodic professional vision care, promotion of the family doctor of optometry, and provision of information about the differences between professional optometrists and others in the vision care field. The target population was expanded to include middle-aged and geriatric populations. Promotional plans included use of print ads, television specials, and membership awareness and involvement programs.

81-0951

The Belgian Heart Disease Prevention Project: Changes in Smoking Habits After Two Years of Intervention.

Kornitzer, M.; Dramaix, M.; Kittel, F.; and De Backer, G.

Preventive Medicine 9(4):496-503, July 1980.

Changes in smoking habits were investigated among 19,390 40-59 year old men participating in the Belgian Heart Disease Prevention Project, a controlled multifactorial prevention trial in which 30 Belgian industries were paired and randomized into a control or intervention unit. In each intervention factory, subjects from the two highest deciles of a coronary risk curve were given semiannual individual advice, while a health education campaign was initiated with all others. After 2 years, high risk subjects and random samples from the control and intervention groups were compared regarding smoking behavior. Among high risk subjects in the intervention group, 18.7 percent stopped smoking, as compared to 12.2 percent in the control group; low risk intervention participants scored the same as the control group. Three base-line factors discriminated significantly between smokers and former smokers of the high risk intervention group at 2 years: former smokers had smoked less at program entry, had made more frequent attempts to stop smoking, and lived in a different region of the country. For the control group, two base-line factors discriminated between former smokers and smokers at 2 years: former smokers had a higher education level and had tried more frequently to stop smoking. Findings are compared with results of other smoking cessation programs. 23 references.

81-0952

Primary Prevention of Heart Attacks: The Multiple Risk Factor Intervention Trial.

Kuller, L.; Neaton, J.; Caggiula, A.; and Falvo-Gerard, L.

American Journal of Epidemiology 112(2):185-199, 1980.

The Multiple Risk Factor Intervention Trial is a collaborative clinical trial, involving 22 clinical centers, a coordinating center, and an electrocardiographic (EKG) and laboratory center, that is designed to determine whether the reduction of serum cholesterol by dietary intervention, reduction in cigarette smoking, and treatment of hypertension by drugs or diet results in a reduction in mortality due to heart disease. The 6-year study involves 12,866 men, 35-57 years old, who were considered as high risk but who were free of coronary heart disease prior to entry into the study. The subjects were randomized into a first group that received active intervention, including nutrition counseling, modification of smoking behavior, and treatment of high blood pressure by diet or drugs, and a second group of equal size that was referred to personal physicians for normal treatment of risk factors. Three separate examinations or screening visits were made to the participants prior to randomization to determine each subject's level of risk. Measurements of outcome in the study include deaths due to arteriosclerotic heart disease, total mortality, and nonfatal myocardial infarction. All participants are contacted at least every 4 months. Results of the followup thus far have indicated that treatment of hypertension and reduction of cigarette smoking have been accomplished according to design, that blood cholesterol has not been reduced as much as required, and that the final outcome of the study will greatly influence ongoing and planned public health programs. 16 references.

81-0953

Genetic Counseling in Sickle Cell Anemia and Related Hemoglobinopathies.

Murray, R. F., Jr.
Urban Health 9(9):35-37, 46, November 1980.

Genetic counseling for persons affected by sickle cell anemia or related hemoglobinopathies has assumed increased significance due to (1) the ability to detect many hereditary illnesses through simple biochemical tasks and (2) the increased public awareness of preventive medicine. The genetic counselor is responsible for establishing the risk of disease recurrence, interpreting the risk in meaningful terms, aiding the counselee in formulating a plan of action, and following up the counseling to reinforce the risk figures and estimate its effect on the counselee. Discussing the genetics of the disorder is a small part of the counseling process compared to assessing the emotional makeup and social setting of the couple under consideration. The goals of genetic counseling in sickle cell anemia are to communicate to the counselee a functional understanding of the disease, correct any misconceptions concerning the disease, relieve any anxiety, and discuss alternative reproductive options with at-risk couples. Counselors should be aware of the counselee's educational background, emotional needs, and attitudes. 3 references.

81-0954

Final Report: Can-Dial Telephone Cancer Public Information System.

New York State Dept. of Health, Buffalo. Roswell Park Memorial Inst.
Buffalo, N.Y., the Institute, various pagings, July 31, 1977.

The Can-Dial telephone cancer public information system is evaluated. Initiated in 1973, the system provides callers with 51 tape-recorded messages on cancer, and is operational 16 hours a day, 7 days a week. The evaluation includes a general description of the system, an outline of the methods of evaluation, an assessment of the response to Can-Dial, a comparison of callers and noncaller control subjects, a comparison of callers with and without health problems, comparisons of callers and control subjects with possible cancer problems, an assessment of the impact of the program, and a discussion of program promotion results. Results indicate that twice as many females as males use the service, most callers are motivated to use the service because they wish to quit smoking or because members of their families have had cancer, callers are younger and more educated than noncallers, and callers seem to retain information received. Findings suggest the need to complement the service with mailings to reach high-risk audiences, publicize the availability of the service more extensively, and institute more rigorous followup surveys, including personal interviews with callers, to assess program efficacy.

81-0955

The Health Consequences of Smoking for Women. A Report of the Surgeon General.

Office of the Assistant Secretary for Health (DHHS, PHS), Rockville, Md. Office on Smoking and Health.
Rockville, Md., Office on Smoking and Health, 359 p., 1980

The extent of smoking, the health consequences of smoking, patterns of smoking, and the biomedical, psychosocial, and behavioral aspects of smoking by women is reviewed. Evidence indicates that (1) women are not immune to the damaging effects of smoking; (2) cigarette smoking is a major threat to the outcome of pregnancy and the well-being of the newborn infant; (3) women refrain from smoking, begin smoking, continue smoking, or cease smoking for the same reasons as men; and (4) the reduction of cigarette smoking is the keystone in the nation's long-term strategy to promote a healthy lifestyle. Because great numbers of women did not use cigarettes until the onset of World War II, those women who smoke heaviest are now only in their thirties, forties, and fifties. As these women grow older and continue to smoke, their burden of smoking-related diseases will grow larger. Cigarette smoking now contributes to 20 percent of the newly diagnosed cases of cancer and 25 percent of all cancer deaths among women. A similar epidemic of chronic obstructive lung disease among women has also begun. Numerous references.

81-0956

Effects of a Controlled-Usage Alcohol Education Program Based on the Health Belief Model.

Portnoy, B.
Journal of Drug Education 10(3):181-195, 1980.

A program incorporating elements of the Health Belief Model (a theoretical construct upon which health-related behavior is predicted) and persuasive communication strategies was designed to determine the effects that a controlled-usage alcohol education program would have on a university population. An attempt was made to increase the college students' levels of perceived susceptibility to alcohol abuse by presenting a profile of the student alcohol abuser and by listing and discussing the psychological, physical, and social problems that occur as a result of alcohol abuse. Study subjects were 286 students enrolled in an exercise and health course at a midwestern university during spring, 1978. The efficacy of the program was monitored via questionnaires administered during the second, fourth, and ninth weeks of the quarter. Results of a multivariate analysis of variance demonstrated that the program as a whole was successful. Univariate comparisons between experimental and control groups demonstrating statistical significance were behavioral intention towards responsible alcohol use and knowledge about alcohol. These and other results suggest that greater emphasis should be placed on the subject's susceptibility to alcohol-related problems. Before the appropriateness of using the Health Belief Model as a theoretical base for a controlled alcohol-use education program can be determined, it will be necessary to use the program on a population with nonresponsible drinking patterns. 39 references.

81-0957

Possibilities for Primary Prevention of Hypertension.

Prineas, R. J.; Gillum, R. F.; and Blackburn, H.
In: Childhood Prevention of Atherosclerosis and Hypertension. Lauer, R. M. and Shekelle, R. B., eds. New York, Raven Press, p. 357-366, 1980.

The major behavioral goals for primary prevention of hypertension in children are reduced sodium intake, reduced caloric intake, and increased caloric output. Studies have indicated that children's sodium intake is often as much as 60 percent above recommended levels. The major source of this excess is raw salt added to foods followed by salt in breads, vegetables, and soups. To reduce the sodium content of the diet to the recommended level, no salt should be added at the table or during cooking and heavily salted commercial foods should be avoided. These goals can be reached by teaching children alternative foods rather than restrictive measures. Cookbooks containing low-salt recipes should be developed, and labeling laws regulating processed foods should be expanded to include information on salt content. A major public education effort utilizing the mass media is necessary to respond to these problems and issues. 30 references.

81-0958

Accentuate the Positive in Drug Education.

Simmons, R. C.
Health Education (Ottawa) 19(2):4-6, October 1980.

By incorporating several basic principles, ensuring that interventions are positive, and avoiding some of the mistakes made by past programs, Canadian drug education programs can succeed at the community, provincial, and national levels. Programs should be founded on sound educational principles, directed by committed staff members who are able to learn from their target audiences as well as teach them, and planned and implemented as interdisciplinary efforts. Typical reasons for program failure include poor integration of interventions, use of scare tactics and moralistic strategies, and use of "drug education" as the ostensible reason for obtaining funding for programs with aims other than drug education. On the community level, drug educators should be aware of linguistic and cultural practices that might hinder or facilitate the educator, of the value of active participation on the part of the target audience, of the importance of using a cross section of community resources, and of the efficacy of programs aimed at highly specific audiences. National programs have been most successful in efforts aimed at enhancing work at the provincial, territorial, and community levels.

81-0959

Health Education--6. Smoking Is Awful.

Thomson, W.
Nursing Times (London) 74(42):1728-1729, October 19, 1978.

To counter the health hazards of smoking (1) doctors and nurses should cooperate with health educators in informing the public of the dangers of smoking; (2) emphasis for young persons should be on the "dirty" or socially unacceptable nature of smoking, since warnings of its dangers may encourage its use; (3) doctors, nurses, teachers, and parents must provide good examples; (4) antismoking booklets and posters should be dispersed in places besides doctors' offices or hospitals, such as pubs, bingo halls, betting shops, and cinemas; (5) special facilities for smoking withdrawal and counseling should be established and operated by reformed smokers on a voluntary basis using noninstitutional premises; they should also be free from any form of official health presence; and (6) a realization is needed that smoking is more a social and behavioral problem than a medical one.

81P-0960
Drug Alcohol Team of Oxford Hills (DATOH).
Smith, N. K.
Oxford Hills School District, Superintendent of Schools Office, 2 Pine Street, South Paris, ME 04281
Funding Source: National Highway Traffic Safety Administration, Washington, D.C.
August 1979 - Continuing.

The Drug Alcohol Team of Oxford Hill is designed to build new community attitudes about chemical use and abuse in the Oxford Hills School District of Maine. The program is a component of the Maine Alcohol, Other Drugs and Highway Safety Intervention Project. After four public awareness sessions, committees were developed to address drug and alcohol issues facing schools, medical professionals, law enforcement professionals, and business and industrial interests. Each committee promoted awareness activities and programs within their particular area. Programs that have been developed include public awareness sessions, media campaigns during holidays, business and industry awareness programs, high school assembly programs, inservice educational programs, parent awareness campaigns, and student awareness programs. The program has resulted in a 50 percent reduction in charges of operating a motor vehicle under the influence of alcohol, a reduction in accidents during the Christmas holiday media campaign, a 30 percent increase in alcohol and drug referrals at the Tri-County Mental Health Center, development of procedures and protocols for alcohol and drug-related emergencies at Stephens Memorial Hospital, and an increased effort by law enforcement officials to enforce laws concerning alcohol and other drugs. See also 81P-0832.

81P-0961
Evanston-North Shore Health Department Heart Disease Prevention Program.
Lucia, P. A.
Evanston-North Shore Health Department, 2100 Ridge Avenue, Evanston, IL 60204
1979 - Continuing.

The Evanston-North Shore Health Department Heart Disease Prevention Program is designed to reduce risks associated with cardiovascular diseases. Program services include screening, followup, referral, and health education. The screening component includes assessment of genetic history, current health behavior, blood pressure, height and weight, body fat, cardiovascular recovery response via step testing, blood cholesterol, and diabetes tendencies. Private consultations with health professionals are available. Followup activities include notifying clients concerning screening results, referring clients to medical professionals, and referring clients for health education. The program provides health education workshops in smoking cessation, weight reduction, hypertension management, cholesterol management, stress management, and nutrition for working parents. Workshop techniques include group discussion, problem-solving methods, and lectures. All programs are evaluated via record reviews of program services and followups.

81P-0962
High Blood Pressure Control in Rural Community.
Kotchen, J. M., et al.
University of Kentucky, School of Medicine, Department of Community Medicine, Limestone and Euclid, Lexington, KY 40506
Funding Source: National Heart, Lung, and Blood Inst. (DHHS, NIH), Bethesda, Md.
June 1979 - May 1981.

"High Blood Pressure Control in Rural Community" is designed to develop and evaluate the effectiveness of a high blood pressure control project in rural Kentucky that utilizes existing community resources. High blood pressure control activities include educational efforts directed to the general public, individuals with high blood pressure, and health care providers. Special self-instruction education materials will be developed for use in secondary schools. Using as a model the activities of the Agriculture Cooperative Extension Service, which helps rural families identify and solve problems affecting their welfare, the program will develop and evaluate a program in which extension service paraprofessionals help hypertensive patients and their families adjust to recommended lifestyle changes. Health care provider education will include development of a hypertension syllabus, sponsorship of 1-week university-based miniresidencies in hypertension for physicians, and presentation of a series of hypertension seminars. Evaluation of the overall program will involve general household surveys during the first and fifth years. The surveys will assess changes in blood pressure and health-related attitudes and behavior in the study community and in a matched control community. Cost and medical effectiveness will also be assessed.

81P-0963
Prevention of Alcohol Problems in Pre-Delinquent Youth.
Wilson, K. M.
Partners, Inc., 1260 West Bayaud, Denver, CO 80223
Funding Source: National Inst. on Alcohol Abuse and Alcoholism (DHHS, ADAMHA), Rockville, Md.
1978 - Continuing.

Each year the Prevention of Alcohol Problems in Pre-Delinquent Youth program of Denver, Colorado, matches 300-500 10-17 year old adolescents who have alcohol abuse problems with adult volunteers. These volunteers spend 3 hours a week with the youth for at least 12 months. Administered by Partners, a nonprofit organization founded in 1968, the supportive adult relationship combines role modeling behavior with system advocacy in an attempt to return the adolescent to normal functioning. The adults are trained in a minimum of three inservice sessions that address relationship formation; adolescent development; family, school, and community involvement; and alcohol and drug use. Information, communications skills, and coping strategies are presented to the senior partners via role plays, lectures, discussions, and presentations of experiences by former partners. The youth are referred to Partners, Inc., from Denver schools, the juvenile court system, local youth service bureaus, and other agencies. The program is staffed by a full-time, salaried volunteer coordinator, a volunteer health corps coordinator, and several hundred volunteer partners and transportation aides. The process and outcome instruments that allow program assessment include interviews before, during, and after intervention. Multivariate analysis of interview outcomes will be undertaken when full sample sizes are obtained. Preliminary data indicate that program youth have significantly decreased their drinking.

SCHOOL HEALTH EDUCATION

81-0964
Health Instruction: Suggestions for Teachers.
American School Health Association, Kent, Ohio.
Kent, Ohio, the Association, 77 p., 1977.

Learning experiences and activities in health education and means of evaluating the efficacy of these experiences and activities are presented for use by health educators. The activities, listed under pertinent health concepts, are designed for use in teaching preschool, early primary school, late primary school, junior high school, or senior high school students.

81-0965
Friends for Life.
Avery, K. T. and Morgan, M. L.
Journal--Oklahoma State Dental Association 70(1):17-19, Summer 1979.

The Oklahoma State Health Department Friends For Life program employs a hygienist and 11 dental educators under the direction of the Chief of Dental Services to teach elementary school children in 19 counties to care for their teeth. Last year, 44,000 children were reached. The course consists of three weekly 1-hour lessons. A toothbrush and dental health materials are provided for each child, and classroom teachers are expected to reinforce the presentations. A study of fourth and fifth grade classes at two representative schools in Creek County was designed to evaluate the efficacy of the program in terms of oral hygiene and gingival health. Pre- and postprogram examinations of each subject consisted of a determination of the amount of debris and calculus present, the Oral Hygiene Index-Simplified, and a measure of gingival inflammation. Results indicated that the two schools exhibited no significant base-line differences, that both groups exhibited improved oral and gingival health, that only the most recent participants showed statistically significant improvements, and that the improvements demonstrated by the most recently exposed school remained significant after 4 months. Results suggest the program should be repeated periodically to reinforce its effectiveness. 8 references.

81-0966
Death Education With Kindergarten-First Grade Groups.
Bowen, G. L.
Journal of Pediatric Psychology 2(2):77-78, 1977.

A death education course designed for young children was offered to a class of 32 kindergarten and first grade students, 5-6 years old, in a rural North Carolina school. The course utilized a text that recounts two children's experiences with the death of a pet bird and, subsequently, with the death of their grandfather. An accompanying adult text familarized the educators with children's perceptions of death. The children were divided into small discussion groups following the reading. It appeared that both kindergarten and first grade students had the same conception of death and that, for the most part, they approached the issue with a minimum of anxiety. Students expressed an awareness of the finality of death, but failed to relate the possibility of dying to themselves. The discussions were characterized by mutual respect for the opinions of others and a sense of group cohesion. 1 reference.

81-0967

The Student Wellness Resource Center: A Holistic Approach to Student Health.

Cohen, M. S.

Health Values: Achieving High Level Wellness 4(5):209-212, September-October 1980.

The Student Wellness Resource Center, established in 1978 at Southern Illinois University at Carbondale, offers the Lifestyling Program, Human Sexuality Services, the Health Activation Program, and the Alcohol Education Project. A paid staff of approximately 20 professionals, graduate assistants, and student workers along with 20 practicum and internship students serves 22,000 students. The programs promote holistic health, self-responsibility, and self-care through a variety of methods designed to affect students in their residential, social, and educational environments. Methods include resident hall raps, classroom presentations, student center programs, special programs, and individual and small group counseling. Other features include a self-care resource room in the health service, an injury prevention program staffed by a part-time physical therapist, and the Wellness Outreach Program situated in the largest residence hall complex on campus. The center was created to allow all students to use health services, to shift the focus of health care to the individual, and to increase the long-term health and well-being of participating students cost effectively. 5 references.

81-0968

How to Cope With Stress in the Classroom.

Davis, C. C.

Health Education 8(5):36-37, September-October 1977.

A stress sheet can be a useful classroom tool to instruct students in stress-management skills. The sheet supplements instruction concerning the four steps in understanding and dealing with stress, such as understanding the theory of stress, coping with stress constructively, developing stress-management skills, and adapting to stress. The stress sheet identifies a stressful situation, adaptive coping responses, defense mechanisms, energy expended in relieving stress, sources of help, deviations used to equalize the effect of stress on the body, and physical reactions to psychologically induced pain. Students should eventually be asked to complete several stress sheets over an extended period of time and to discuss the outcomes within small student groups.

81-0969

On the Ethics of Selective Omission and-or Inclusion of Relevant Information in School Drug Education Programs.

Fors, S. W.

Journal of Drug Education 10(2):111-117, 1980.

Tradition, community pressures, and personal bias can affect a drug education program so that it constitutes indoctrination rather than education. A basic ethical issue concerns the extent to which school-aged children should be exposed to drug education strategies that selectively omit or include information about various drug issues and ideas. The arguments in favor of including all relevant information emphasize that education must not constitute an attempt to scare students for their own good; that scare tactics create paranoid students; and that educators have no right to impose their personal or cultural biases on students. Those against including all relevant information argue that educators should do whatever is necessary to prevent drug use; that educators should not increase students' curiosity about drugs; that selective inclusion of issues is in society's best interest; and that young people are not totally competent to make rational decisions about drugs. However, it seems that health education should not involve indoctrination through selective inclusion of content, and that the only instance in which such selective inclusion could be justified would be a voluntary program in which students were apprised in advance (a version of informed consent) of the specific goals of the program. 14 references.

81-0970

Integrating Nutrition Into Health Education.

German, M. J.; Pearce, J.; Wyse, B. W.; and Hansen, R. G.

Health Education 11(5):19-22, September-October 1980.

A 2-week, 10-class nutrition unit was devised, pilot tested, revised, and then field tested in 2 northern Utah high schools. The core of the unit dealt with understanding nutrition needs, evaluating foods qualitatively using nutrient density, and understanding energy balance and weight control. The nutrient density component of the unit employed the Index of Nutritional Quality (INQ), which allowed the student to examine the ratio of nutrients to calories in a particular food item. The sequential lesson plans included a detailed outline of the nutrition information to be presented, a summary of the subject content, instructional materials and equipment needed, and behavioral objectives. Instruments used in the pilot included overhead transparencies, nutrition profiles for nearly 700 foods, a slide collection on dietary effects, and 24-hour activity records to be kept by students. A 4-hour inservice workshop was provided for teachers prior to implementation of the unit. Comparison of pre- and postunit scores revealed a significant increase in students' nutritional knowledge. Interview responses by teachers were positive, particularly in reference to the INQ. 5 references.

81-0971

Selective Bibliography of Nutrition Education Materials for Preschool Instruction in Wisconsin.

Herr, J.; Gifford, J.; and Morse, W.

Madison, Wisconsin Department of Public Instruction, Food and Nutrition Services. 14 p., Spring-Summer 1980.

Citations, annotations, sources, and prices of nutrition education materials are provided for the early childhood educator, early childhood nutrition education specialist, and food service personnel. The materials include curriculum guides, audiovisual materials, posters and pictures, cookbooks for the classroom, manipulative materials, and children's books.

81-0972

Evaluation of the Effectiveness of a Drug Prevention Education Program.

Kearney, A. L. and Hines, M. H.

Journal of Drug Education 10(2):127-134, 1980.

A study involving 935 experimental students and 449 control students attending grades 2-6 in Appleton, Wisconsin, was designed to measure the effectiveness of a drug prevention education program. Thirty-six teachers of students in the experimental group received inservice training in self-esteem, values clarification and decision making, and drug information and attitudes. Each of the teachers was instructed to use the program throughout the academic year for a minimum of 1 hour per week. Teachers of control students were asked to proceed as usual with no such program activities. The Piers-Harris Children's Self-Concepts Scale was used to assess self-esteem, and new instruments were developed to measure decision-making ability, drug knowledge, and drug attitudes. Results of the data analysis, which included a reliability assessment of the instruments via alpha coefficients, indicated that children in the experimental group significantly increased (1) their feelings of self-worth, (2) their decision-making abilities, and (3) their factual knowledge about drugs. The experimental group members also improved their attitudes toward use and misuse of drugs. As a result of this study, the U.S. Office of Education has recognized this program as a national model. Presently, the program is being disseminated nationwide via the National Diffusion Network and is being replicated by schools in 25 States. 8 references.

81-0973

Young Alcohol Abusers: The Challenge of Prevention.

King, S. E.

Journal of Drug Education 10(3):233-238, 1980.

The prevention of alcohol abuse among young persons should move beyond educational programs that merely provide information about the substance and its potentially harmful effects. An alternative effort would explore underlying motivational factors that lead young persons to drink to excess. An examination of several areas of personality development, i.e. self-esteem, internal control, and coping skills, suggests prevention strategies that respond to the social and emotional needs of the young alcohol abuser. A number of prevention programs that use some of these strategies, including project ACCEPT in California and Project PRIDE in Florida, have begun to operate in high schools throughout the United States. There is a critical need for more of these programs, and a particular need in the area of early parent education. 7 references.

81-0974

The Health Activation Program: Encouraging Self Care in College Students.

Kulp, J.

Health Values: Achieving High Level Wellness 4(5):217-221, September-October 1980.

The Health Activation Program at Southern Illinois University at Carbondale is based on the assumption that people are willing to take an active role in their health care. The program focuses primarily on common ailments of the student population of 22,000. Through a variety of services, the program disseminates information and encourages greater responsibility by the students for their health. A self-care resource room located in the health service provides pamphlets, lends books, and provides a place for students to discuss their health concerns with a staff person. Programming in the dorms and the student center emphasizes practical information on such topics as nutrition, massage, healing alternatives, and self-care treatments. A series of self-care tapes located in the library gives students concise information on symptoms, treatment, and appropriate use of the health service for problems such as venereal disease, vaginitis, sore throat, and stomach flu. One important goal of the program is to reduce the number of "low-necessity" visits to the health service by encouraging students to rely on their own self-care capabilities for minor ailments. The second goal of the program is to strengthen students' self-care behaviors via appropriate information. 6 references.

81-0975
Peer Teaching and Smoking Prevention Among Junior High Students.
Perry, C. L.; Killen, J.; Slinkard, L. A.; and McAlister, A. L.
Adolescence 15(58):277-281, Summer 1980.

A study involving 289 seventh grade students and 400 control subjects was designed to assess the effectiveness of Project CLASP (Counseling Leadership About Smoking Pressures). CLASP consists of teams of high school students who provide seventh grade classes with an intensive 3-day smoking education program, followed at 1-2-month intervals with followup sessions. A lecture on the health hazards of smoking is given during the following year (eighth grade). During the program, the junior high students commit themselves to abstinence from smoking, hear testimonials from former smokers, identify social pressures, rehearse methods to resist such pressures, and role play resistance. Evaluation of the experimental and control groups consisted of self-reports of smoking behavior over a 15-month period and carbon monoxide tests of a sample of the students. Data indicate that a smoking prevention program based on social learning principles can produce positive changes in smoking behavior. 8 references.

81-0976
Linking Health Education Content With Classroom Group Development: A Suggestion for Planning.
Weinstein, S. A.
Journal of School Health 50(9):543-544, November 1980.

An approach that links health education topics and course content to current issues facing students has been developed to allow educators to introduce health issues that are congruent to stages in classroom group development. Class groups usually move from relatively unrelated aggregates of people toward some kind of interactive relationship as students take part in participatory learning activities. This movement appears to be the formation of a group with norms, limits, and expectations held more or less in common. Not only is the staging the same for most age and grade levels, but its sequence is consistent. The typical development of a group proceeds from ambivalence about joining the group by its members, through uncertainty about leadership and authority, fear about intimacy, and conflict about acceptance, to termination and separation of the group. A curriculum approach is offered that can be developed in association with these developmental stages.

81P-0977
SWAT--Reproductive Health Education.
Thomas, L. L.
South Carolina State Department of Health and Environmental Control, Pee Dee II District, Plaza Building, Bennettsville, SC 29512
Funding Source: Bureau of Community Health Services (DHHS, HSA), Rockville, Md.
October 1978 - September 1982.

'SWAT' is a reproductive health education program for 13-16 year olds to reduce infant mortality in the Pee Dee II Health District in South Carolina. The SWAT approach is an integrated component of Family Planning, Child Health, and Maternity Health Department programs. Program services include a 16-20-hour reproductive health education series for schools and community groups; assignment of a public health nurse to the county school system; identification, counseling, referral, and followup services for pregnant teenagers; provision of training programs in reproductive health education for teachers; and implementation of data-gathering activities. The SWAT effort is conducted by a multidisciplinary group of public health professionals who coordinate their activities with the lay medical and professional community. The evaluation component of the program consists of pre- and post-course tests, teacher and student evaluation, and a longitudinal followup.

81P-0978
Teen Social Behavior and the Prevention of Smoking.
Biglan, A., et al.
Oregon Research Institute, 1009 Patterson St., Eugene, OR 97403
Funding Source: National Inst. of Child Health and Human Development (DHHS, NIH), Bethesda, Md.
August 1979 - July 1981.

"Teen Social Behavior and the Prevention of Smoking" is designed to (1) analyze teenage social influence processes as they relate to the adoption and maintenance of smoking and (2) develop and evaluate a smoking prevention and cessation program for teens based on that analysis. A questionnaire was developed to identify attitudes, social influences, and situations that affect teen smoking and to establish criteria for assessment. Breath samples and thiocyanate levels in saliva were measured as a validation of this information. In addition, several small observation and self-monitoring studies were completed to further isolate smoking contingencies. Using this information, pilot programs are being developed and tested that rely heavily on the use of high school students who lead group discussions and teach refusal behavior to seventh graders. The program is developing a high school curriculum designed to deter smoking among nonsmokers and recruit smokers into cessation programs. By the end of a 3-year period, the program will have tested these components with 7th and 10th grade students in a controlled experimental design. Treatment packages also will have been tested by using a controlled experimental design, with 780 ninth grade students.

SELF-CARE

81-0979

Evaluation of a Community-Based Education Program for Individuals With Chronic Obstructive Pulmonary Disease.

Ashikaga, T.; Vacek, P. M.; and Lewis, S. O.
Journal of Rehabilitation 46(2):23-27, April-June 1980.

"Breathing Workshops," the Vermont Lung Association's community-based group education program, was evaluated to assess its success in promoting the development of preventive and restorative health care behaviors in persons with chronic obstructive pulmonary diseases (COPD). The program's six sessions are attended by persons with COPD and their families. Sessions present factual information, demonstrate self-help skills, and offer group discussion opportunities dealing with the psychosocial aspects of living with COPD. In the evaluation, a group attending the program and a control group were administered questionnaires prior to and 4 months after the program. Results indicated that participants increased their understanding and knowledge of COPD, their readiness to seek health care, and their compliance with self-help activities. Some of these changes were not statistically significant when compared with the control group. Changes in control group members included a decrease in their perceived chance for improvement. 16 references.

81-0980

Pointing Diabetics to Mutual Self-Care.

Fuller, E., ed.
Patient Care 14(5):208-226, March 15, 1980.

The Diabetes Club at the Greenwich Hospital in Greenwich, Connecticut, exemplifies the success of mutual self-care efforts in diabetes control. Members of the club express a need for encouragement from other diabetics in accepting their condition and maintaining control of hyperglycemia. Some members complain about not receiving enough information and literature from their physicians. To help improve diet, the club notifies members concerning diabetic cookbooks and reinforces compliance. Group reinforcement and the exchange of experiences about the diabetic's life help members avoid pitfalls and overcome depression. The inclusion of family members at the meetings has been highly successful.

81P-0981

Association for Brain Tumor Research.

Segal, D.
Suite 200, 6232 North Pulaski Road, Chicago, IL 60646
1973 - Continuing.

The Association for Brain Tumor Research provides support, educational materials, means to achieve coping skills, and a constructive outlet for anger and frustration to patients, their families, and friends. The association sponsors the formation of self-help groups of patients by furnishing a variety of printed materials for the groups, including a quarterly newsletter and educational materials. Affiliated groups promote activities that are designed to raise the level of public awareness in the local community and to raise funds for further brain tumor research. A handbook is available to explain in detail how an affiliate can be formed under terms acceptable to the affiliate and to the national office. Qualified research centers and lay persons can request information from the association, including a listing of experimental treatment centers and brain tumor study groups; "Brain Tumor Research Review," which is updated and published annually; "Radiation Therapy," a pamphlet designed to assist patients recommended for radiation; and "Living With a Brain Tumor," a pamphlet listing books and organizations designed to help persons cope with chronic or terminal diseases. The association has also published a 40-page brain tumor primer for patients and their families. The association is staffed by skilled volunteers, and the medical advisory council provides professional guidance.

81P-0982
Learning to Care for Children With Diabetes.
Turano, V.
Metro Denver Juvenile Diabetes Foundation, 8126 E. Long Place, Englewood, CO 80112
Funding Source: Colorado Motor Carriers Association, Denver, Ladies' Auxiliary.
Continuing.

"Learning to Care for Children With Diabetes" teaches babysitters to care for diabetic children. The 2-hour class is designed for 10-15 potential babysitters and is taught by nurses trained as diabetes educators. It includes a discussion of nutritional necessities, urine testing, insulin use, hypoglycemia, and general first aid. A babysitter's handbook is provided to course participants. The names of students who have completed the course are placed on a referral list which is mailed to any parent who inquires. Since the first class in October 1978, 50 Denver-area adolescents, who were recruited by parents of diabetic children, have completed the course. Parents evaluate the adolescents' ability to care for the children; feedback from parents indicates that the babysitters have demonstrated ability and responsibility.

SEX EDUCATION

81-0983
Sex Education in a Rural High School.
Gumerman, S.; Jacknik, M.; and Sipko, R.
Journal of School Health 50(8):478-480, October 1980.

A sex education program for high school sophomores was initiated by the outreach staff of a rural health center in southern Illinois. The four 1-hour sessions included an exercise to demonstrate decision-making processes, a presentation to explore the definitions of love and sex, discussion of the choice to be sexually active, discussion of reasons for becoming pregnant and options to those who become pregnant, an exploration of the various methods of birth control, an explanation of the pelvic examination procedure, and an informal group discussion of written questions and comments from students. A one-page evaluation form was given to students to allow them to comment on the speakers, format, and unit content. In addition, a pre- and posttest to assess changes in students' knowledge and an adaptation of Conley and Haff's sex information survey were designed to determine whether the unit contained topics of interest to the students. Results of these instruments indicated that (1) students favored the use of more audiovisual aids and separation of sexes during the course; (2) students demonstrated significant gains in knowledge after the program; (3) more time should be devoted to each topic; and (4) sex education should be incorporated into a family life course.

81-0984
Modern Sex Education.
Julian, C. J.; Jackson, E. N.; and Simon, N. S.
New York, Holt, Rinehart and Winston, 90 p., 1980.

A high school sex education textbook is presented that attempts to provide an attitude-centered approach, encouraging a personal value system based on regard for others. Each chapter includes motivational opening questions, objectives, phonetically spelled vocabulary words, summaries, and activities. Topics include family life, crucial changes during adolescence, human relationships, reproduction, family planning, sexual variance, sexually transmitted diseases, and healthy sexuality. A glossary is appended.

81-0985
Midlife Women in College Sexuality Classes.
Sheppard, S.
Journal of the American College Health Association 29(2):81-82, October 1980.

A study involving 47 women 35-60 years old who elected to enroll in human sexuality classes for students in the Adult Collegiate Education program at Queens College in Flushing, New York, was designed to assess these students' goals and perceived problems. At the beginning of the semester, the students filled out a questionnaire that elicited information regarding age, marital status, number of children, reasons for enrollment, and topics of greatest interest. Each of the students also wrote, at the beginning and end of the semester, an anonymous paper on their own sexuality and completed an anonymous evaluation questionnaire on the course. Results of these exercises indicated that problems at the beginning of the semester focused on guilt, anxiety, resentment, inhibitions, and ambivalence regarding sexuality. As a result of the course, 91 percent of the women reported that positive changes had occurred in their feelings about themselves and their sexuality, their understanding of their partners' needs, their ability to communicate about sex, their acceptance of their children's sexuality, and their empathy for people whose sexual orientations differed from their own. The course reveals that middle-aged women can benefit from educational experiences that provide the opportunity to gain information and knowledge about sex and to air concerns and questions. 7 references.

81-0986

Sexual Instruction for the Mildly Retarded and Normal Adolescent: A Comparison of Educational Approaches, Parental Expectations, and Pupil Knowledge and Attitude.

Watson, G.
Health Education Journal (London) 39(3):88-95, 1980.

A three-pronged study was designed to assess the attitudes and desires of educationally subnormal (ESN) adolescents, their parents, and their teachers concerning sex education. The controlled study involved (1) a mail survey of 231 teachers of ESN children and 104 teachers of normal children, (2) visits to 32 schools to assess teachers' attitudes and courses taught, (3) a survey of 194 ESN students and 61 educationally normal students, and (4) interviews with 93 parents of ESN children. Findings from these research methods indicated that (1) ESN children lag behind their normal peers in sexual knowledge, (2) ESN teachers place greater emphasis than teachers of normal children on topics associated with human relationships, (3) teachers of normal children place greater emphasis than teachers of ESN children on factual topics concerning conception and contraception, (4) head teachers of ESN schools have gained the cooperation of all those who could influence the implementation of a sex education program, (5) most ESN schools lack teaching materials suitable for ESN students, and (6) parents of ESN children accept their children's sexual conservatism and ignorance. Nevertheless, the ultimate goal of enabling ESN children to break away from adult dependence and to experience normal adolescent rebellion and sociosexual relationships cannot be reached under present conditions. 9 references.

81P-0987

Community-Based, Parent-Centered Sexuality Learning Program.

Stackhouse, B. and Whitney, B.
Sex Information and Education Council of the U.S. (SIECUS), 84 Fifth Avenue, Suite 407, New York, NY 10011
Funding Source: William Penn Foundation, Philadelphia, Pa.
November 1980 - May 1983.

The Community-Based, Parent-Centered Sexuality Learning Program develops programs for parents of children up to 12 years old to enhance parents' ability to respond to their children's questions and psychosexual development. The program works with community organizations with an established parent constituency. Thus far, the program has formed a community advisory committee to identify community needs and provide support to the program.

Programs available to parents in the community agencies will range from informal opportunites to speak with a community sex educator to more formal learning programs. An audiovisual unit has been developed that offers information on sex and sexuality to parents who are coming into the agency to browse. These services are directed at the Italians, blacks, Poles, Jews, and upper middle class whites who compose the south Philadelphia area. The program works closely with CHOICE, a local community agency that has already established significant contacts in Philadelphia in the area of parent sex education. Evaluation strategies are being developed with the cooperation of the professional evaluation staff of the Family Planning Council of Southeastern Pennsylvania.

81P-0988

Family Life Education Program for Urban, Out-of-School Girls of Baroda City.

Verma, A.
Maharaja Sayajirao University, Baroda, Faculty of Home Science, University Road, Baroda-390002, India
February 1978 - Continuing.

The Family Life Education Program for Urban, Out-of-School Girls of Baroda City provides family life education to unmarried adolescent women who do not attend school. Services include (1) training staff of family welfare clinics to provide advice and service in family planning, and (2) coordinating clinic staff and volunteer youth workers who offer information and counseling to adolescent women. Program staff hold informal discussions with the mothers of target group women and conduct semistructured interviews with target group women to collect data on nutrition, child care, housing, clothing, and related family life concerns. These base-line data allow preparation of a learning package and presentation of a family life planning program in various communities by trained community workers. Audiovisual materials and lesson plans are being developed for inclusion in the learning package. The program will cover various communities in Baroda City, involving 25-30 adolescent women in each community. Four full-time staff members provide all paraprofessional training services and establish coordinative liaisons with local organizations that operate similar programs. Thus far, there is no formal evaluation.

81P-0989

Planned Parenthood of Rochester and Monroe County, Inc., Education Programs.

Krell, M. E.
Planned Parenthood of Rochester and Monroe County, Inc., 24 Windsor Street, Rochester, NY 14605
Funding Source: Department of Health and Human Services, Washington, D.C.; New York State Dept. of Health,

Albany. Bureau of Family Planning; New York State Dept. of Social Services, Albany.
Continuing.

The Planned Parenthood of Rochester and Monroe County (New York) Education Programs inform teenagers, preteenagers, and their parents about human sexuality and birth control. The program developed, published, and distributed curricula for preteens and teenagers and guidelines for parents and teachers. In addition, the program has implemented a graduate-level teacher training course, which has become a statewide model, and multisession training programs for individual agencies based on staff needs. Grants have also been received to (1) train foster parents under the supervision of the State Department of Social Services in topics related to teen pregnancy and (2) enhance the inner-city community education program in Rochester by establishing an in-school rap room for students, coupled with informal evening sessions for parents in their homes. All programs target preteenagers, teenagers, and their parents and teachers living in Monroe County, which has a population of 708,642. Over 400 copies of the curriculum have been distributed throughout the county. Teacher evaluations have been positive.

81P-0990
The Stork Is Dead: Telling Your Child About Sex.
Adams, C. and Roberson, E.
Edgecombe County Health Department, Health Education Division, Tarboro, NC 27886
March 13 - April 10, 1980.

"The Stork Is Dead: Telling Your Child About Sex" was designed to help parents talk comfortably with their children about growing up physically, emotionally, and socially. Five weekly 2.5-hour evening classes included lecture, role play, discussion, learning activities, audiovisual presentations, and a values-clarification handbook. Six parents attended the sessions. The instructors included two health educators from the county health department and a child development specialist from the Edgecombe-Nash Mental Health Center. A photographer from the Edgecombe Technical College provided technical expertise and equipment to help make the slide show, and a local radio station recorded a medley of songs used in the program. Pre- and postprogram tests were administered to participants to measure factual knowledge gained and attitude changes. In addition, a course questionnaire was administered to evaluate class climate, instructors' competencies, the efficacy of learning strategies, and the effects of other aspects of the course. Several participants stated that they would like to participate in future programs.

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CURRENT AWARENESS IN HEALTH EDUCATION

SEPTEMBER 1982, Part 2

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COMMUNITY HEALTH EDUCATION

81-0991
Health Education and the Black Community (Report of a Meeting Held July 26-27, 1979, at the Bureau of Health Education, Center for Disease Control, Atlanta, Georgia 30333).
Atlanta, Ga., Centers for Disease Control, Center for Health Promotion and Education, 82 p., December 1980.

A conference on "Health Education and the Black Community" was held July 26-27, 1979, at the Bureau of Health Education. During the conference, position papers were offered on the relevance of health education theories and their application to the black community, the impact of health education on black communities without changes in the external environment, the role of the health education process in improving the health status and quality of life in the black community, methodological and substantive issues in health education programming, school health education in black communities, health promotion among black populations, perspectives on health education and health promotion in the "black belt," competencies needed by health education personnel engaged in service to black communities, a categorical approach to comprehensive health promotion and disease prevention aimed at management of hypertension, prerequisites for health education in the black community, and health career development. Appendices include a participant roster, a list of issues that participants considered to need attention, and the agenda of the conference.

81-0992
Model Standards for Community Preventive Health Services: A Report to the U.S. Congress From the Secretary of Health, Education, and Welfare.
American Public Health Association, Washington, D.C.; Association of State and Territorial Health Officials, Washington, D.C.; National Association of County Health Officials, Washington, D.C.; United States Conference of City Health Officers, Washington, D.C.; and Centers for Disease Control (DHEW, PHS), Atlanta, Ga.
Washington, D.C., Office of the Assistant Secretary for Health and Surgeon General, DHEW, 110 p., August 1979.

Model standards covering 28 program areas related to community preventive services are presented. In addition to preventive service delivery, the standards address some of the regulatory aspects of prevention, such as environmental health. Program areas covered include administrative and support services, air quality, chronic disease control, communicable disease control, dental health, emergency medical services, family planning, food protection, genetic disease control, health education, home health services, housing services, injury control, institutional services, maternal and child health, noise control, nutritional services, occupational health, primary care, public health laboratories, radiological health, safe drinking water, sanitation, school health, solid waste management, surveillance and epidemiology, vector and animal control, and wastewater management.

81-0993
Family Life Theatre and Youth Health Services.
Boria, M. C.; Welch, E. J.; and Vargas, A. M.
American Journal of Public Health 71(2):150-154, February 1981.

The Family Life Theatre, which is integrated into the Youth Health Services of New York Medical College, uses improvisational theater to address personal growth, sexuality, drug use, alcoholism, contraception, human relationships, and other topics of interest to community adolescents. Implemented in 1973 as a health education program, the pilot project has been replicated by many groups and institutions across the country. Under the supervision of a theatre instructor, a cast of teenagers 14-18 years old writes, produces, and performs stage events. Training for the actors, who represent a cross section of New York City youth, includes health education seminars and instruction in improvisational theater. Participation by audiences, which range from 50 to 500 persons, is encouraged through a dialog at the end of the play. Over 300 plays have been presented in the last 3 years, and the theater has received supportive publicity from local media. The theater seems to have (1) increased utilization of the Youth Health Services and (2) inspired the formation of at least 15 similar theater groups as well as numerous other adolescent health education programs.

81-0994
Nutritional Disorders of Children: Prevention, Screening, and Followup.
Foman, S. J.
Rockville, Md., Health Services Administration, Bureau of Community Health Services (DHEW Publication No. (HSA) 78-5104), 123 p., 1978.
Available from: GPO: Stock No. 017-022-00514-0.

Guidelines are presented to help health care providers improve preventive efforts related to nutrition problems in children and adolescents. Part I outlines the screening process for identifying nutritionally at-risk children, and part II covers prevention of four major childhood nutritional disorders: obesity, atherosclerosis, dental caries, and iron-deficiency anemia. Numerous references.

81-0995
Health Education Assessment Survey: The Florida Panhandle, December 1978.
Ford, W. S. and Ford, A. S.
Atlanta, Ga., Center for Health Promotion and Education (DHHS, CDC), 155 p., August 1979.

The Florida Panhandle Health Education Resource Center (HERC), with partial funding by the Bureau of Health Education, contracted with the Institute for Social Research at Florida University to conduct a model, population-based household survey in the Panhandle Health Systems Agency and a survey of the area's primary care physicians. The household survey was designed to determine the health knowledge, attitudes, practices, and health status of the Panhandle population; the physician survey was designed to assess the extent and type of education provided by the physicians and to discern their receptiveness to working with HERC. Volunteer interviewers gathered data in the household survey in the Panhandle health services area and a survey of the area's primary care physicians. The questionnaires were mailed to all practicing primary care physicians in the area. The questionnaires were accompanied by endorsement letters from the Capital City Medical Society; the mailing was followed by a second mailing to nonrespondents and a subsequent mailing of a postcard reminder. Completed questionnaires were returned from 103 of the 230 targeted physicians. Major findings of the two surveys indicated that (1) 50 percent of the physicians believed that the average patient had inadequate health knowledge; (2) household respondents had a generally uneven grasp of important disease indicators; (3) most household respondents were able to identify a source of health care in the community; (4) 57 percent of the physicians believed that patients were not interested in health education; (5) physicians did not realize the high value assigned to personal health by the population; (6) only 32 percent of the physicians were considering greater participation in health education activities; and (7) 39 percent of the physicians were willing to cooperate actively with HERC.

81-0996
Development of Dental Health Education: The Contribution of the Dental Board.
Fox, B. and Maddick, I.
British Dental Journal (London) 145(11):339-344, December 5, 1978.

Organized dentistry in Great Britain, from the establishment of the British Dental Association in 1880, is reviewed. Topics include (1) the formation of the School Dentists' Society in 1897 to promote regular oral hygiene instruction in the school system by making educational materials available for lecturers and teachers; (2) the Dentists Act of 1921, which provided for the use of surplus income for dental education and research; (3) the establishment of the Dental Health Committee in 1923, which embarked on a dental health education program for the general population and established the pattern for future dental health education in Britain; and (4) the Committee's involvement and subsequent withdrawal from the service aspects of dental health education, which led to acceptance by the government of greater responsibility for dental health promotion. 12 references.

81-0997
Fluoride's Role in Health Promotion: A National Perspective.
Iverson, D. C.
Journal of Public Health Dentistry 40(3):276-283, Summer 1980.

An effective national dental health promotion program would promote the fluoridation of all community water supplies, fund fluoridation equipment, strengthen school programs in dental health education, collect research data on programming, expand behavioral science research into factors associated with health-related behavior, and supply national leadership to stimulate visibility and commitment to improved dental health. The components of this diversified approach must adhere to the basic principles of free choice, apply regulations in a prudent manner, and avoid coercive techniques. Health promotion and education must be used together on several organizational, political, and economic levels to allow the achievement of a synergistic effect. 24 references.

81-0998
Mental Health Primary Prevention: The Role of Parent Mutual Support Groups.
Kagey, J. R.; Vivace, J.; and Lutz, W.
American Journal of Public Health 71(2):166-167, February 1981.

A perinatal task force of community groups and agencies organized by the Greater Lynn, Massachusetts, Community Mental Health Center's Primary Prevention Team developed a pilot support group for new parents. The program, which was implemented in cooperation with a regional maternity center, employed volunteer facilitators who attended prenatal classes at the Center to become acquainted with parents. Training for facilitators consisted of eight 150-minute sessions on the birth experience and two sessions on communication and group process. Following deliveries, the facilitators invited the new parents to join one of the support groups. The support groups have five to eight members who follow no set format. There are now 28 ongoing groups, including a group for fathers, a group for mothers with problem infants, a group for mothers who have delivered by cesarean section, and a group that serves mothers living in a low-income area. The program is reinforced by a series of monthly educational programs and a newsletter. A survey of 270 parents undertaken 2 years after the program's initiation indicated that the program was a viable tool for primary mental health care. 5 references.

81-0999

Community Partnership Organizations: A Better Way to Gain Participation in Health Programs.

MacNair, R.

Atlanta, Ga., Center for Health Promotion and Education (DHHS, CDC), 33 p., November 1980.

Guidelines for forming, organizing, and delivering community partnership organization (CPO) services are provided to those interested in developing citizen support of and participation in local public health agencies. Four basic and practical models are available for structuring CPO's; three can be used in health education and prevention programs. Other topics include choosing a facilitator, choosing and training personnel, convening a steering committee, selecting representatives, planning the structure, organizing leadership, helping citizen groups organize, organizing disadvantaged citizens, maintaining participation, working with citizens via specific techniques, organizing the interagency council, organizing the CPO council, and understanding the roles of citizen groups and agencies.

81-1000

Family Physicians and Radio Broadcasting.

Martin, M.

Journal of Family Practice 11(4):665-666, October 1980.

Three Massachusetts physicians developed a weekly, 45-minute radio program entitled "Call Me in the Morning," which encourages telephone calls from listeners. The program concentrates on demystification of medical subjects, health education, preventive techniques, self-care, consumerism, and alternative healing methods. A specific topic and guest speaker is scheduled for each broadcast. The use of musical segments and dramatic case presentations has proven helpful in making the program entertaining as well as informative.

81-1001

Children as Teachers of Dental Health Education.

Plamping, D.; Thorne, S.; and Gelbier, S.

British Dental Journal (London) 149(4):113-115, August 19, 1980.

The St. Thomas Health District Community Health Council of Kennington, England, implemented a program to train 5- to 15-year-old children to act as peer dental educators. The program began by training 50 children who came to one or more weekly sessions during a 6-month study period. Training activities included a visit to a community health clinic, an interview with a dentist, demonstrations of the use of plaque-disclosant, poster and model making, letter writing, and game designing. The children taught in a variety of settings: a baker's shop, dentists' waiting rooms, general practitioners' waiting rooms, cub pack meetings, preschool nurseries, infants' schools, youth club meetings, and meetings of prospective new teachers. The children's experiences enabled them to (1) understand problems associated with teaching, (2) compile a file of material related to their activities, (3) gain knowledge about dental matters, and (4) deal effectively with their peers and adults. 4 references.

81-1002

Answering the Call for Health Information.

Sager, D. J.

American Libraries 9(8):480-482, September 1978.

Using a $30,000 Library Services and Construction Act grant from the Ohio State Library, the Public Library of Columbus and Franklin County established the "Health-Line" audiotape library, which offers health information via telephone to community residents. Like similar programs in 70 other cities, the library purchased their TEL-MED tape library from its developer, the San Bernardino (California) Medical Society, which has produced 300 3-5-minute tapes on health-related topics. The library spent $11,000 for the equipment and $5,000-6,000 for the tapes. A moderate multimedia publicity campaign was mounted and enough telephone lines were leased to allow the system to deal with a population of 833,000. Daily use of Health-Line peaked at 800 calls shortly after program initiation, declined to 500 calls after several months, and is likely to decline to 300 calls after the program has become fully established. The most frequently requested tapes deal with information on sex. The reviewing process by the local medical society, a process which is required by TEL-MED, was time consuming but beneficial to programming.

81-1003
Educators in Action: Two-Day Health Fair.
Stanton, F.
Texas Hospitals 36(5):23-24, October 1980.

Hurst-Euless-Bedford Hospital of Bedford, Texas, held a 2-day health fair to introduce the community to the concept of wellness. The fair provided multiple health screening tests, individual counseling, and information on health education and awareness of local health and social resources. The planning committee consisted of representatives from various hospital departments and the local representative of the National Health Screening Council for Volunteer Organizations, a nonprofit organization that developed and implemented the health fair model. The fair was held in an area of the hospital with easy parking access. Participants completed health appraisal questionnaires, received a series of screenings, filled out an evaluation questionnaire, and received an explanation of screening procedures. All participants received test results within 6 weeks of the fair. The hospital's education department provided a self-directed exhibit on stress reduction. Games were staged to give the fair a festive atmosphere.

81-1004
Guidelines for a Community Health Education Program in a Correctional Setting.
Stelling, F. H. and Trisdale, D. J.
Atlanta, Ga., Centers for Disease Control, Center for Health Promotion and Education, 25 p., (197-).

Guidelines for a community health education program in a correctional setting are provided for correctional and health education professionals. The guidelines were developed from the experiences of two health education projects that were organized and implemented by the Tennessee Department of Public Health. In planning a program, promoters should develop a clear statement of the program's purpose, involve community leaders, involve personnel of the State Department of Corrections and the institution, and involve the institution's residents. Analyzing problems to be addressed by the program requires compiling statistical data, examining descriptive and subjective information, and involving the community in decisions concerning program priorities. The four phases involved in development of the actual program are selecting problems to be addressed, identifying objectives, selecting and developing subobjectives, and selecting resources and activities. Program implementation centers on staff training and organization of activities. Process, effectiveness, and efficiency evaluation should be part of the design throughout. Lists of resources outside the institution, lists of sources of data for community analysis, and a selected bibliography are appended.

81-1005
The Health Education Center, Pittsburgh, Pennsylvania.
Sullivan, D. A.
Atlanta, Ga., Center for Health Promotion and Education (DHHS, CDC), 27 p., 1979.

The Health Education Center is a project of the Health and Welfare PLANNING Association (HWPA), a United Way agency in Pittsburgh, Pennsylvania. The Center, which serves a 10-county area with a population of 3 million, provides information, technical assistance, and direct education to consumers, public and private health and educational organizations, and business and industry. Formation of the Center began with a recommendation in 1971 by the HWPA Health Task Force for stronger community-wide health education, a regional hearing on health education needs and resources called by the chairperson of the President's Committee on Health Education in 1972, a community meeting in 1973 to examine the recommendations of the hearing, and publication of guidelines by the HWPA and the Comprehensive Health Planning Association in 1974. Roundtable discussions by representatives of public and private institutions, a health education conference, and submission of a proposal for a 3-year grant of $180,000 in 1975 preceded the opening of the Center in 1976. The Center's major functions are program development, provision of information and communication services, and evaluation of and research on health education programs in the region. In addition to approximately 30 volunteers, the staff includes 8-11 professionals representing competencies in administration, communication, community organization, evaluation, health education, nursing, and planning.

81-1006

A Recipe for Health.

Thomas, S.

Nursing Mirror (Sussex) 150(14):30-31, April 3, 1980.

Senior health officers who serve British communities provide a wide range of services, including health education presentations to civic groups of adults and children, formal educational sessions for nursing students, maintenance of health records, visitations and phone contacts to maintain liaisons within the local health services network, dissemination of educational materials, and health instruction at local schools.

81-1007

Changing Nutritional Behavior by Aides in Two Programs.

Wang, V. L.

Journal of Nutrition Education 9(3):109-113, July-September 1977.

A 5-year study examined the Expanded Food and Nutrition Education Program (EFNEP), which uses aides to effect changes in dietary practices, and its sister program, the Family Aid Program (FAP), which provides nutrition education to families as part of a more generalized approach. Both programs, which are funded by the U.S. Department of Agriculture, target low-income families with young children. Each highlights the problems and issues in deploying aides as teaching agents. Examination of the current means of deploying aides, who act as homemaking teachers or nutritional aides, indicated that the aide can be an effective agent in changing the dietary practices of homemakers. However, the aide's potential for an expanding role has yet to be realized. Present on-the-job training lacks standards and gives little encouragement to career mobility, resulting in high turnover rates. Intensive training modeled after a practical nursing program, with carefully defined roles and role behavior combined with a curriculum designed for accreditation and licensing, could prepare the aides as paraprofessionals. This improvement would upgrade standards and contribute to personnel development. 13 references.

81-1008

Attacking the Drug Norm: Effects of the 1976-77 Florida Drug Abuse TV Campaign.

Wotring, C. E.; Heald, G.; Carpenter, C. T.; and Schmeling, D.

Journal of Drug Education 9(3):255-261, 1979.

During 1976 and 1977, the Florida Drug Abuse Program (FDAP) staged a statewide public awareness campaign via television to bring into question the publicly accepted norm of using prescription and nonprescription drugs for a variety of problems. After an assessment of the target audience by the Communication Research Center of Florida State University, the FDAP generated 10 campaign ideas for public service announcements, which were submitted to the National Clearinghouse for Drug Abuse Information for pretesting among target group subjects, media experts, and the general population. As a result of this analysis, 3 public service announcements were developed and broadcast 223 times by 5 stations serving the Tallahassee area. Evaluation of the program's impact involved telephone interviews with 960 randomly selected heads-of-household in the area. Results of the interviews indicated that (1) 51 percent of those polled viewed at least one announcement; (2) viewers tended to be young females; and (3) viewers were more likely than nonviewers to mention that legal drugs are abused, respond that everyone is responsible in the fight against drug abuse, believe that anyone can abuse drugs, and agree with the statement that people regularly use drugs. 2 references.

81P-1009

Aztlan Community Services, Inc.

Hunsaker, A. and Vicario, T. 718 E. Maitland Avenue, Ontario, CA 91761

1974 - Continuing.

Aztlan Community Services of Ontario, California, is a private, nonprofit, community-based organization dedicated to resolving poverty-related problems among the residents of western San Bernardino County. Beginning with a small, outpatient counseling program, Aztlan has grown to include programs for mental health counseling, alcoholism counseling, school-based substance abuse prevention, community conservation, and a youth service bureau. The bureau works mostly with preteens who are not yet identified as delinquents. Tutor-counselors working with as many as 20 children promote attitude changes and support children's efforts in school. An interaction component brings together children from different neighborhoods in order to limit gang violence. The bureau provides outpatient counseling and job development services. For those over 21 years old, the youth service bureau provides parent effectiveness training. To provide jobs for drug abuse and mental health clients, an oral history project was funded by the California Arts Council that focused on the lives of local elderly Chicanos. A set of learning objectives and lesson plans for use with elementary and junior high school students has been developed.

81P-1010

Community Health Participation Program.

Kohn, S.
Montefiore Hospital and Medical Center, Department of Social Medicine, 111 East 210th Street, Bronx, NY 10467
1975 - Continuing.

The Community Health Participation Program is designed to improve the health of the community surrounding the hospital by training volunteer health coordinators to work with community members on a variety of health issues. The health coordinators, who are peers of the service audience, take blood pressures, perform cardiopulmonary resuscitation, give first aid, lead workshops on nutrition and other health topics, assist groups seeking to improve the safety and amenities of buildings and the neighborhood, and help people utilize the health care and social services systems more effectively. Health coordinators are trained in a 16-session course, which is followed by regular meetings and seminars. Health coordinators work in their apartment buildings with other community groups and with various hospital departments. The program operates in Bronx health areas 4.10 and 3.10, each of which has a population of approximately 30,000. The area serves ethnically diverse low- and middle-income urban neighborhoods. The program director has a master's degree in public health. The staff consists of 61 health coordinators 20 to 70 years old who live in 43 apartment buildings housing a total of 7,500 residents. The program coordinates its efforts with several community groups, including organizations for the elderly, church groups, synagogue groups, and parent-teacher associations. The program is funded by the hospital, private foundations, and the Federal Government.

81P-1011

Family Life Theatre.

Welch, E. J., Jr.; Vargas, A. M.; and Boria, M. C.
New York Medical College, Department of Obstetrics and Gynecology, 1901 First Avenue, Room 417, New York, NY 10029
1974 - Continuing.

The Family Life Theatre employs teenage actors to convey information to teenagers about parent-child relationships, love, sex, drugs, authority, and other topics. Using improvisation, the theater troupe selects true-to-life situations and prepares scenes that reflect its views of the problems. After each performance, the group participates in a discussion with the audience. The 10-week training period for members includes instruction in improvisational theater and seminars in health education. The health seminars, which are presided over by faculty of the New York Medical College, cover human reproduction, sexual identity, menstruation, contraception, pregnancy, abortion, venereal diseases, drug use and abuse, alcoholism, parenthood, and nutrition. Though the original theater only serves groups in the New York City area, interested groups from throughout the United States and Canada are developing similar programs. The New York group performs for schools, community groups, professional conferences, and television audiences. The program requires a full-time artistic director and three assistants, a part-time producer, and a secretary. Staff of the Youth Health Services of New York Medical College think that the theater group has been responsible for the dramatic increase in use of clinical services by area adolescents. Numerous other youth-oriented city programs have been implemented as a result of impetus supplied by the theater.

81P-1012

Health Education for Youth (HEY) Program.

Jones, J. E.
College of Physicians and Surgeons of Columbia University, Center for Population and Family Health, 60 Haven Avenue, New York, NY 10032
1979 - Continuing.

The Health Education for Youth (HEY) Program is designed to improve adolescent health care through education and clinical services, with particular emphasis on pregnancy and venereal disease. HEY operates in tandem with the Young Adult Clinic, which provides physical examinations, birth control devices, pregnancy testing, venereal disease testing and treatment, gynecological care, referral services, drug abuse counseling, job counseling, dental education, and a forum for rap sessions. HEY complements these services by working intensively with community groups to develop and expand health services for teens. HEY has implemented a number of community outreach activities and instruments, including health fairs, a mobile health van, a peer education program, a program for Hispanic families, a bilingual teenage theater troupe, and a community health advocacy program. The target audience is the teenagers living in the Washington Heights area of New York City, a multiethnic, low-income community with serious health needs. The bilingual (Spanish-English) HEY staff includes a director, an assistant director for women's health, a counseling coordinator, five counselors, a nurse-midwife, an assistant education director, a clinic director, an assistant clinic director, an education director, and a health educator. The director and the clinic director are physicians. The program is run as a collaborative effort between the Center for Population and Family Health at Columbia University and the Obstetrics and Gynecology Service of

Presbyterian Hospital. The project includes a thorough evaluative component to document changes in knowledge, attitudes, behavior, and skills in the target population. Funding for HEY is derived from several organizations, including the U.S. Department of Health and Human Services.

81P-1013
Health Maintenance-Health Improvement Program
Stransky, F. W. and Arends, J.
Oakland University, Rochester, MI 48063
1977 - Continuing.

Oakland University's Health Maintenance-Health Improvement Program is designed to prevent long-term disease, improve the quality of life, and increase longevity of interested students and community participants. The program is supported by the Pioneer Athletic Club and the Department of Physical Education and Athletics. The program has cardiovascular fitness, weight control and nutrition, and lifestyle education components. Methods include periodic laboratory evaluations; personal counseling on exercise, diet and nutrition, lifestyle, self-abuse behavior, and stress management; regular exercise programming; a quarterly newsletter; and periodic seminars. Annual membership costs $250 and includes one laboratory evaluation and consultation per year, supervised exercise programs, sports center privileges, and a subscription to the newsletter. Program staff include a director with a doctorate degree, a physician who serves as medical director, a consulting physician, and a specialist in sports medicine.

81P-1014
HealthWise.
Millman, M.
New Jersey Hospital Association, Council on Auxiliaries, Center for Health Affairs, 760 Alexander Road, Princeton, NJ 08540
August 1979 - Continuing.

HealthWise is designed to help hospitals meet the health education needs of their consumers, particularly the needs of specific target audiences such as the elderly, the handicapped, and children. Information and services are distributed through a mobile health education system housed in a 32-foot van, which travels to hospitals and public gathering places. The system offers printed and audiovisual educational materials and is run by a professional staff. Programs are currently available on a variety of topics, including stress, immunization, nutrition, safety, substance abuse, physical fitness, weight control, and breast self-examination. HealthWise services are available to all hospital service populations in New Jersey. Programs may be sponsored by a hospital or hospital-related organization, and cosponsors such as health departments, parent-teacher associations, or private businesses can cooperate in programming. A field director helps the sponsor select and conduct programs for various target audiences. The cost of sponsoring a program for one day is $350; the second consecutive day costs $300; and each additional day costs $250.

81P-1015
Know Your Limits (KYL).
Gavaghan, P. F. and Smolens, A. H.
Distilled Spirits Council of the United States, Inc., 425 Thirteenth Street, N. W., Suite 1300, Washington, DC 20004
Continuing.

The "Know Your Limits" (KYL) program is designed to reduce traffic accidents that result from alcohol use. The program is administered by a private, nonprofit, national organization of distilled spirits wholesalers. KYL's strategies vary by locality but concentrate primarily on information and awareness campaigns. The key element of the program is the distribution of a wallet-sized risk card, showing the relationship between (1) time between drinks, body weight, and amount of alcohol consumed, and (2) the effect of these factors on driving ability. Distribution of these risk cards through local distilled spirits distributors is reinforced by television and radio campaigns and displays and booths at shopping centers, county fairs, and other public gathering places. Brochures and guidelines are available for those interested in implementing the program in their State or locality. The campaign has been conducted in 27 States and the District of Columbia, and by the U.S. Department of Transportation. In some cases, local beverage-alcohol industry groups print the risk cards and publicize the campaign. The national organization provides advice, materials for reproduction, and other technical assistance.

81P-1016
Pathways to Health.
Hopp, J. W.
Loma Linda University, School of Health, Department of Health Education, Loma Linda, CA 92350
Continuing.

Pathways to Health provides general health and nutrition information to elderly persons. Services include blood pressure screening and a series of health education classes on cooking, physical fitness, stress management, cancer detection and prevention, arthritis, and self-care. Ninety-minute classes have met weekly for 6 years, with an average attendance of 75. Programs are conducted by candidates for master's degrees in health education and nutrition at the Loma Linda University School of Health. The effectiveness of the classroom interventions is assessed via oral and written tests administered at specified intervals.

81P-1017
Professional Health Resource Center, Inc.,
Granville, J. and Brin, D. 518 Avenue A, Box 6005, Rome, GA 30161
Funding Source: Appalachian Regional Commission, Washington, D.C.; Tennessee Valley Authority, Knoxville, Tenn.
November 1, 1979 - Continuing.

The Professional Health Resource Center, is a private, nonprofit health service agency that provides health promotion, health maintenance, and information services for rural residents in northwest Georgia. Based in Rome, Georgia, the center operates from 8 sites within a 70-mile radius and serves 400 clients each month. Staff members conduct health education programs on blood circulation, foot care, physical activity, nutrition, and other topics. Each presentation lasts roughly 40 minutes and includes time for questions and discussion. The presentations are given by consultants who represent numerous medical disciplines. Health education programs are conducted for county health departments, and the program operates a day-treatment mental health center and a diversion center for prisoners as an alternative to prison confinement. Screening programs are offered for high blood pressure; temperature, respiration, and pulse; height and weight; eye diseases; anemia; diabetes; and scoliosis. The center uses a mobile health education unit to provide some of its services. The center has recently increased its services to include grant proposal preparation and consultation on management, health services, health promotion, and health agency education. Though all residents of seven northwestern Georgia counties constitute the target audience, the center concentrates its attention on pregnant women and the elderly. Teaching consultants include nurses, podiatrists, nutritionists, and physicians.

81P-1018
U.S Air Force Health Education Program.
Piper, D. A.
Department of the Air Force, Air Force Medical Service Center, Consumer Health Education Division, Brooks AFB, TX 78235
July 1, 1977 - Continuing.

The U.S. Air Force Health Education Program was established to enable all persons connected with the Air Force to (1) assess their own health needs, (2) become involved in the health care process, (3) improve their quality of life, (4) reduce the personal and economic impact of illness by preventing disease, and (5) follow prescribed treatment regimens. Programming is developed and implemented by the health education coordinator at the Consumer Health Education Division (CHED), which will become part of each base's administrative structure. Each CHED functions as a resource center to provide materials, ideas, and encouragement for health education programming. In addition to aiding individual and community health education efforts, the CHED provides assistance to patient education programs and publishes and disseminates base-wide newsletters and related literature. All Air Force personnel and their families constitute the target audience, though each CHED confines itself to activities that are directed at base populations or subpopulations.

HEALTH EDUCATION IN OCCUPATIONAL SETTINGS

81-1019
Changing Cafeteria Eating Habits.
Zifferblatt, S. M.; Wilbur, C. S.; and Pinsky, J. L.
Journal of the American Dietetic Association 76(1):15-20, January 1980.

The "Food for Thought" game, an 8-week media-based nutrition intervention program designed to influence food choices in a cafeteria setting, was conducted in the employee cafeteria at the National Institutes of Health, Bethesda, Maryland. Its purpose was to encourage customers to select a low-calorie, well-balanced meal. The "Food for Thought" game consisted of 52 cards with numbers and suits, each containing a specific nutritional message regarding either a particular food item or a nutritional or caloric comparison of alternative food choices. Employees received one card each day and were awarded prizes at the end of 4-, 6-, and 8-week periods based on matching pairs or collecting a full house. During the 8-week intervention period, skim milk purchases increased, and dessert and bread sales, as well as average number of calories purchased per day per person, declined significantly. To test for a maintenance effect, food selection rates and caloric purchases were observed for 10 weeks after the program ended. A time-series comparison of these data with results obtained during the interven-

81

tion period did not reveal a high degree of recidivism. Apparently, many customers were able to incorporate the changes in eating habits into a continuing, self-managed lunch program. The study results may have implications for successful delivery of other types of prevention programs. 22 references.

81P-1020
Johns-Manville Employee Education Program.
Hofmann, J. L.
Johns-Manville Sales Corporation, Health, Safety and Environment Department, Ken-Caryl Ranch, Denver, CO 80217
Continuing.

The Johns-Manville Employee Education Program offers educational components designed to (1) reduce hazards to employees who work with asbestos, diatomite, fibrous glass, and polyvinyl chloride; (2) improve respiratory protection for employees; and (3) promote safety and accident prevention activities among employees. Educational materials include booklets and other literature, slide-tape presentations, films, posters, leaflets, and various other educational aids. In addition, personnel of the Health, Safety, and Environment Department are available for questions from employees. The department maintains a library of all medical research pertinent to Johns-Manville operations. Departmental staff can arrange presentations to internal and external groups on a variety of health and occupational safety topics, help local facilities determine toxicology hazards and precautions, arrange for special safety and accident prevention surveys of all Johns-Manville facilities, and arrange public education and community relations programs.

81P-1021
Lifestyle Seminars.
Stransky, F. W. and Arends, J.
Oakland University, Rochester, MI 48063
Continuing.

Oakland University, using the facilities of Meadow Brook Hall, a 100-room home owned by the university and used as a conference center, offers a lifestyle seminar program designed to help corporate employees understand and assess their present physical condition and set goals for improvement through a life plan based on weight control, nutrition, exercise, and stress management. Seminars include a complete physical examination, a stress test and confidential evaluation, lectures by qualified professionals, individualized exercise prescriptions, meals at Meadow Brook Hall, and use of exercise facilities at Oakland University. Though 1-day seminars are offered, a 3-day program is available, with accommodations for overnight stays. Facilities are also available at Meadow Brook Hall for tennis, golf, racquetball, handball, and indoor swimming. Fees vary with the number of services used.

81P-1022
National Chemsearch Fitness Program.
Stowers, J. J.
National Chemsearch, 2727 Chemsearch Boulevard, Irving, TX 75062
Continuing.

The National Chemsearch Fitness Program is a comprehensive fitness and recreational program designed to increase the activity level of National Chemsearch employees. The program provides aerobic exercise classes, an individualized jogging program, gymnasium facilities, cross-country jogging facilities, men's basketball programs, racquetball facilities, softball fields, tennis courts, volleyball courts, golf lessons, and biking and hiking programs. Competitive tournaments are sponsored by programmers, and the corporation employees receive a bimonthly newsletter on upcoming program events. In addition, the program has sponsored films on skin and uterine cancer, in response to a cancer survey taken by employees.

81P-1023
Western Wellness.
Blachowski, D.
Western Federal Savings, 200 University Boulevard, P.O. Box 5807 T.A., Denver, CO 80217
January 1980 - Continuing.

Western Wellness was designed to (1) encourage and help employees, their families, and community members to adopt healthier lifestyles; (2) provide low-cost lifestyle programming; and (3) promote better communication among Western Federal Savings employees. Services include classes and demonstrations concerning various wellness and self-care activities, a weight management self-help group, a wellness component incorporated into the company orientation program, operation of a small wellness library at each branch or office location, free juice distribution, and a quarterly speaker program. Classes and demonstrations include a 4- to 6-week stress management course; a 4-week rope-skipping class for fitness and aerobics; a cross-country skiing class; a yoga demonstration; a noon-hour runners' clinic; noon-hour and after-work aerobic exercise, ski fitness, and belly dancing classes; a cardiopulmonary resuscitation training program; and a Red Cross first aid course. Communication to wellness leaders at various company offices is achieved via weekly memos, monthly calendars, wellness bulletin boards, articles in the weekly company newspaper, a monthly newsletter, and monthly communication forms. Services are aimed at more than 700 employees working at more than 20 locations, their families, 100 other building tenants, and the community of Denver, Colorado. The program is administered by a central wellness committee, which consists of a wellness coordinator, a medical consultant, a personnel director, a public relations professional, a nurse practitioner, and five employee representatives. Data from employee questionnaires provide program evaluation.

81P-1024

Women's Occupational Health Resource Center.

Stellman, J. M.

Columbia University, School of Public Health, 60 Haven Avenue, B-1, New York, NY 10032

1977 - Continuing.

The Women's Occupational Health Resource Center (WOHRC) helps working women, trade unions, management, professionals, and government policy makers become aware of women's occupational health and safety needs and the necessity for adequate programs to deal with those needs. In addition to operating an extensive research library and information service, WOHRC facilitates communication among people and groups working in the field, provides technical assistance in establishing programs, operates a clearinghouse of materials produced by other organizations concerned with women's occupational health, and directs materials of its own to both lay and professional audiences. A computerized bibliographic information system enables WOHRC to run literature searches on single topics or combinations of topics. Workshops and training sessions are held at the center, and staff are available to speak at conferences and workshops. WOHRC also publishes a bimonthly newsletter, a quarterly technical bulletin, factsheets on specific occupational hazards, and selected bibliographies for specific occupations. Originally funded through a "New Directions" planning grant from the Occupational Safety and Health Administration, the center currently receives broad financial support from such organizations as the Ford Foundation, United Church Board of Homeland Ministries, United Automobile Workers of America, and Industrial Union Department of the AFL-CIO (American Federation of Labor-Congress of Industrial Organizations), and from many individuals.

HEALTH EDUCATION METHODOLOGY

81-1025

Inquiry Learning and Simulations.

Physician's Patient Education Newsletter 4(1):7-8, February 1981.

Inquiry-learning and simulation techniques are consistent with the philosophy of adult learning theory and of the self-care movement. Inquiry learning, also referred to as the "discovery approach" or "problem-solving approach," emphasizes the process of education over the content, relying on the Socratic question-and-answer method and providing resource persons for pupils' self-directed projects. In situations where therapy provides limited benefits but significant risks, an inquiry-learning approach to patient education may be appropriate. The provider should make textbooks and journals available, share medical records, and teach the patient decision-making skills. Simulations and games are structured approaches to inquiry learning. Examples of simulations are case studies, role playing, sociodrama, and computerized models. Areas with the greatest potential for simulation interventions include aging, venereal disease, human sexuality, consumer health careers, safety education, and health planning. Simulation has proven particularly useful in heightening patient-physician interaction, though this effect has occasionally become disruptive. 6 references.

81-1026

Selling Fitness Through "Health Promotion."

Barnes, L.

Physician and Sportsmedicine 8(4):119-123, April 1980.

The Sun Valley Executive Health Institute, a Minneapolis-based health promotion program, has introduced a long-weekend crash course in exercise, diet, health, and wellness. The program includes 3 days of intensive exercise and instruction, and 15 to 20 couples participate in each weekend program. The participants are usually middle aged with professional backgrounds. Thorough physiological testing of each participant precedes each program, and each participant receives individualized counseling from a nutritionist and an exercise physiologist. Small group discussions address stress management, sexuality, smoking cessation, and drug and alcohol use, and group relaxation sessions are part of the program. Approximately 45 percent of the 12,000 persons who have participated in the program during its first 6 years have been retested in followup procedures. Of those retested, 100 percent said that they had made lifestyle changes as a result of the program, 72 percent claimed to exercise at least three times per week, 80 percent reported feeling better, and 54 percent reported a better psychological outlook. With the help of Health Central, a hospital administration organization with 115 affiliates, the program is taking on a nationwide scope. A program for nonprofessional persons has also been developed.

81-1027

New Concepts in Health Education.

Chesney, M.

Menlo Park, Calif., SRI International, 4 p., January 29, 1980.

When health education efforts depending on knowledge transfer or simple behavior modification techniques began to be perceived as ineffective, health educators began to broaden their methods to include self-efficacy techniques, to define the barriers impeding effective health behavior, and to develop scientific evaluation designs. The principle of self-efficacy says that the strength of people's beliefs in their own abilities to adopt new health behaviors affects the extent to which education will be successful. Thus, educators have emphasized the teaching of skills and the engendering of motivation and feelings of efficacy. Barriers targeted by educators have included those related to costs of health care, cultural differences, and access to care. Though evaluation techniques in health education are just being developed, the existence of complex multivariate designs, statistical procedures, and cost-effectiveness designs will enable educators to implement replicable evaluations of new techniques.

81-1028

Health Education Strategies for Influencing Health Planning and the Health Policy Process.

Dawson, L. and Steckler, A.

Paper presented at the Annual Meeting of the American Public Health Association, Washington, D.C., November 1977, 6 p., November 1977.

Available from: NTIS; Order No. HRP-0028720.

Researchers at the Department of Health Education of the University of North Carolina School of Public Health formulated a plan to influence health policy in a North Carolina health systems agency. In conceptualizing the policy process with reference to Public Law 93-641, the researchers distinguished three components of health policy: (1) policy formulation, (2) policy content, and (3) policy administration. They further identified areas of particular relevance to health education for each of the components. Subsequent to conceptual analysis and issue identification, intervention strategies were selected, including training board members, staff, and health educators; monitoring and influencing board and committee selection processes; organizing local health educators; and establishing a public involvement committee within the board and agency. These strategies have had a desirable effect upon the qualitative and quantitative objectives identified for each policy component. During the past 2 years, each strategy has been implemented with varying degrees of success.

81-1029

A Demonstration of the Use of Graphics in Teaching Children Nutrition.

Feshbach, N. D.; Jordan, T.; Dillman, A.; and Choate, R.

Journal of Nutrition Education 10(3):124-126, July-September 1978.

A series of pilot studies were conducted by the Council on Children, Media, and Merchandising (CCMM) to explore the effectiveness of using graphics to teach young children about nutrition. A robot figure called the "nutrition computer" was developed as the graphic model to teach 88 children, 4 to 10 years old. Three treatment conditions were used to compare the effectiveness of the graphic model with a numeric method of transmitting the nutrition information. Age and grade levels for each condition were selected to identify the minimum age and grade for comprehension of the materials and concepts under each condition. The results showed that the study subjects were able to understand and use graphic information to make judgments about food, both immediately after an orientation session and a week later. Although the younger children were less accurate in reporting information, all of the children were able to comprehend the complex relationship of calories and nutrients and to evaluate foods. Study findings suggest the desirability of supporting programs to teach children how to interpret and utilize the nutrition computer or similar graphic portrayals. Such programs could include public service announcements, childrens' television shows, and curricula in the schools. The study findings also indicate that children can be taught how to evaluate advertisements for food and other products that appear on television.

81-1030

An Interpersonal-Effectiveness Approach to Consumer Health Education: Rationale and Case Study.

Ford, J. D.

Medical Care 17(10):1061-1067, October 1979.

To determine the efficacy of teaching medical care consumers interpersonal-effectiveness advocacy skills, parents of developmentally disabled children attended one of two 6-hour workshops to learn self-management, communication, and social influence skills for dealing with health consultants. The workshop format was derived from the assertiveness training approach. After a program overview, specific skills were explicitly defined, demonstrated, and briefly rehearsed by participants during the morning sessions. In the afternoon, participants formed small groups and rehearsed interpersonal-effectiveness skills through role-playing with a doctor, a teacher and a principal, and a lawyer. The workshops concluded with a brief review, and participants completed behavioral contracts specifying when and how they would apply the new skills in their next interaction with a health consultant. Self-reported reactions to the program, collected on an anonymous basis immediately after the workshop sessions, suggested a high level of participant satisfaction. Directions for future research and development are examined. 28 references.

81-1031

The Education Role of the Nurse Practitioner.

Gibbs, J.

Australian Nurses' Journal (Melbourne) 10(1):37-39, July 1980.

To fulfill their educational roles, nurse practitioners must have certain personal and professional qualities and understand the learning process as well as teaching methods and techniques. Personal and professional prerequisites include (1) the ability to conceptualize a framework to guide thought and action, (2) a positive and realistic acceptance of the self, (3) an inner security in dealing with high-risk situations, (4) a nondogmatic attitude toward the educational role, (5) an ability to minimize threats to others and involve learners in self-initiated learning and evaluation, and (6) an ability to act as an effective role model. Nurses can enhance these abilities through reading journals, using library services, attending seminars and courses, and being involved in professional activities. Learning principles that the nurse must know and apply include (1) the different levels of psychomotor, cognitive, and affective skills possessed by various patients; (2) the social nature of education; (3) the need to make the learning experience significant to the learner; (4) the need for motivating and involving the learner actively in the learning process; and (5) the need to create a positive self-concept in the learner. The nurse should be aware of available audiovisual and written aids and inservice training programs available to enhance the teaching role. 12 references.

81-1032

Health Information and Health Education: There's a Big Difference Between Them.

Green, L. W.

Bulletin of the American Society for Information Science 4(4):15-16, April 1978.

To prevent confusion between health information and health education, health educators should be aware of fallacies concerning health information, information policy issues, and available health information resources. Fallacies held by many health educators include the identification of information provision with information utilization, belief that any information is better than none, belief that more information is necessarily better than less, identification of exposure to information with impact, and belief that some standardized message can be developed for all target audiences. In the area of information policy, health educators must clarify the goals and priorities for health education, develop the knowledge for achieving these goals and addressing these priorities, and learn about available resources for accomplishing specified goals and priorities. The four types of resources available to health education include manpower, the media, the health education process, and various coordinating mechanisms.

81-1033

Strategies for Promoting Nutrition and Dietitians.

Henneman, A. and Vickstrom, J.

Journal of the American Dietetic Association 77(4):466-468, October 1980.

As part of a National Nutrition Month outreach effort to promote nutrition and dietitians, the Nebraska Dietetic Association approached various professional associations in the State about featuring articles on nutrition in their newsletters. Topics were selected in cooperation with the associations, and dietitians were matched with topics. Direct contact between the dietitian-writers and the respective associations was encouraged in order to further professional exchanges. The Association's public relations strategy permitted greater dissemination of nutrition information to specific target groups through existing channels of communication. Major concerns addressed in developing the project were (1) the lack of recognition for dietitians as qualified sources of nutrition information; (2) the tendency of dietitians to exchange information only among themselves; (3) the lack of attention to the needs of specific target populations; and (4) financial constraints that permit only a limited amount of public relations work by dietary associations. A list of the participating organizations and descriptions of the featured nutrition articles are provided. 2 references.

81-1034

Bibliography on Health Policy and Lifestyle Behavior Change.

Huber, M. J.

Monticello, Ill., Vance Bibliographies (Public Administration Series: Bibliography P-161), 28 p., January 1979.

Annotated citations are offered of literature on health policy directed at lifestyle change. Categories include philosophy, goals, social and psychological factors, arrangement of the environment to facilitate change, practical values, and strategies deserving further investigation.

81-1035

Supervised Toothbrush Instruction for Pre-School Children.

Livingston, J. F. and Muirden, D. M.

Australian Nurses' Journal (Melbourne) 9(8):44-46, March 1980.

A combination approach to dental hygiene instruction for health workers and nursing specialists dealing with preschool children is presented. The approach is based on (1) plaque detection during toothbrushing instruction and supervision; (2) plaque removal at home; (3) parental involvement through attending an initial hygiene demonstration and reporting on home progress; (4) the use of a systematic toothbrushing technique on a large model of the mouth and instruction on the use of disclosing tablets; and (5) instructional reinforcement through leaflet distribution, demonstration with models, and periodic performance tests. Specific points of advice are discussed. 4 references.

81-1036

Patient-Health Information--The Librarian's Role: One Perspective on How Public Libraries Can Assist in Delivering Health Information to the Public.

Maas, N. L.

In: Patient-Health Education: The Librarian's Role. Proceedings of an Invitational Institute, February 5-9, 1979. Larson, M. T., ed. Detroit, Mich., Division of Library Science, College of Education, Wayne State University, p. 38-40, 1979.

The nationwide network of public libraries should facilitate access to health information by functioning as community information centers. To perform this function public libraries will need to clarify their goals, objectives, and procedures, and prepare their staffs to function as information and referral agents. Libraries can build their image as information centers through (1) administrative commitment; (2) continuous staff training; (3) mechanisms to ensure that information and referral roles are being fulfilled; (4) well-planned community advertising campaigns; and (5) adequate staff resources devoted to community information dissemination. The Detroit Public Library and its 26 branches use traditional library skills to direct people to information and essential human services through a referral service called TIP (The Information Place). Active assistance, followup, and satisfaction of individual requests are integral to the library service. Responses by the public and by human service providers have been excellent. TIP is also searching for appropriate information on health and other critical areas in order to prepare pamphlets for dissemination in all libraries.

81-1037

Group Discussion and Drug Abuse Prevention.

Madsen, D. B.

International Journal of the Addictions 14(8):1117-1123, 1979.

A study involving 105 women randomly selected and recruited from introductory psychology classes at the University of Michigan was designed to assess the efficacy of a technique known as the "choice shift procedure." The procedure entails requesting leaderless groups of peers to discuss issues freely with the goal of reaching a consensus. The women were assigned to groups of four or five in which either the group choice shift or individual argument procedure was used. Women in the individual argument procedure wrote arguments for three issues pertaining to drug use, while women in the choice shift procedure discussed three issues with the goal of arriving at a consensus. Discussions were to last 7 minutes per issue, and discussion topics included use of various drugs to create specified effects. Immediately before and after the sessions, participants were asked to indicate their personal choices regarding drug use, and 3 months later all participants were asked to respond to a drug attitude scale. Analysis of the personal choice statements and attitude scale data indicated that the group choice shift procedure provided both immediate and long-term reinforcement of antiabusive drug attitudes and that use of leaderless groups enhanced the credibility of the group experience. The procedure is inexpensive to apply and has demonstrated its effectiveness in changing behavior as well as attitudes in another study. 9 references.

81-1038

The Case for a Problem Prevention Approach to Alchohol, Drug, and Mental Problems.

Room, R.

Public Health Reports 96(1):26-33, January-February 1981.

Though specific disease prevention strategies are being compared to broader health promotion campaigns, particularly those for alcohol and drug abuse control and mental health, it may be more helpful to view the two approaches as working independently rather than competitively. The rhetoric of health promotion is compatible with contemporary thinking and programs for alcohol, drug, and mental problems. Moving away from the scare tactics of traditional drug and alcohol education, preventive efforts are presently promoting alternative lifestyles and activities, affective education, and values clarification. Though the rhetorical distinction between health promotion and disease prevention is similar to the longstanding split in the mental health-mental illness field, emphasis by clinicians on primary prevention of psychopathology and the vagueness and political nature of the goals of mental health promotion have hindered promotional efforts in this area. Children have become the central target of mental health prevention efforts. A broader definition of prevention and a wider scope for preventive efforts in the fields of alcohol and drug abuse control and mental health are necessary. 22 references.

81-1039
Drug Abuse Films.
Sackett, R. W.
Rockville, Md., National Institute on Drug Abuse, (DHEW Publication No. (ADM) 80-914), 26 p., 1980.

An alphabetical listing of privately and federally produced films on drug abuse is presented. Each entry includes the year of production, the distributor's name and address, running time, sale price, intended audiences, and a brief synopsis. All films are 16mm sound productions. An audience and a topical index are appended.

81-1040
Getting the Word Out.
Tans, M. D., ed.
Madison, Wis., Wisconsin Clearinghouse for Alcohol and Other Drug Information, Board of Regents of the University of Wisconsin System, 74 p., 1979.

Guidelines are provided for developing public awareness campaigns for agencies and organizations involved in alcohol and drug abuse prevention and education. Topics include evaluation of available resources; development of a plan; means of reaching the public; selection of a delivery channel; evaluation of a public awareness activity; principles of communication; means of reaching hard-to-reach groups, poor urban communities, and people in rural areas; means of changing attitudes; and use of radio, television, newsletters, newspapers, brochures, slide-tape shows, billboards, bus cards, posters, exhibits, and speakers bureaus. Numerous references.

81-1041
Health Education: A Consumer Imperative.
Turner, P. A.
In: Patient-Health Education: The Librarian's Role. Proceedings of an Invitational Institute, February 5-9, 1979. Larson, M. T., ed. Detroit, Mich., Division of Library Science, College of Education, Wayne State University, p. 21-27, 1979.

Librarians can be an important link in providing health care consumers with the knowledge for informed decision making. A number of inquiries that reach librarians are related to interpretations and implications of specific diagnoses or the type and appropriateness of a specific treatment. Inquiries are frequently related to symptoms only, for many people seek information prior to seeking medical diagnosis and care. Others seek confirmation of information already received as one method of obtaining a second opinion. A brief review of health care delivery systems and health education shows that there is a long tradition of self-help health care parallel to the professional medical care delivery system. Health care consumers are increasingly seeking information from sources other than physicians. Nonphysician health care providers are taking risks in providing information to patients regarding choices and alternatives in treatment, but it is a greater risk to withhold information related to health care decisions. 1 reference.

81-1042
A Catalog of Free Loan or Low Cost Audio Visual Aids for Health Education.
Tuskegee Area Health Education Center, Inc., Tuskegee, Ala.
Atlanta, Ga., Center for Health Promotion and Education (DHHS, CDC), 24 p., (197-).

Annotated citations of inexpensive or free audiovisual aids for health education are provided. The sources cited cover aging, alcohol use and abuse, arthritis, blood pressure and hypertension, cancer, child growth and development, community health, courtship and marriage, dental health, diabetes, environmental health, epilepsy, family planning, eye and ear health, heart health, hospitals and nursing homes, the human body, kidney disease, mental retardation, narcotics, nutrition, obstetrics and gynecology, Pap smears, diseases affecting the rectum and colon, rehabilitation, sickle cell anemia, smoking, tuberculosis, and venereal diseases. A list of sources is appended.

81-1043

Health Information Resource Centers: A Community Necessity.

Williams, J. F., II

In: Patient-Health Education: The Librarian's Role. Proceedings of an Invitational Institute, February 5-9, 1979. Larson, M. T., ed. Detroit, Mich., Division of Library Science, College of Education, Wayne State University, p. 93-96, 1979.

Public library health information resource centers are ideal organizations to coordinate the efforts of agencies, health groups, and volunteers in community health education. Short-term objectives of the resource centers include identification of community agencies with health education programs and cooperation with them in the collection, retrieval, dissemination, and evaluation of information on local health education (1) personnel; (2) programs and activities in the private, public, and voluntary sectors; and (3) materials and information on the use of various health care systems. The long-term objectives of the resource centers include the development of communication between existing health education programs and the resources and services of their local counterparts. Since the ultimate goal of the resource centers is relating the work of one community agency to another for the public good, their source of fiscal support should not differ from that of the public libraries. 2 references.

PATIENT EDUCATION

81-1044

Pre-Op Visit Calms Fears.

Arnold, R.

Hospital Administration in Canada (Don Mills) 20(4):28-30, April 1978.

Pre- and postoperative visiting by operating room nurses can help calm patients, because it puts them into contact with a familiar person with whom they can converse; it also helps reduce the nurses' isolation from the rest of the hospital. In preparing nursing histories, nursing diagnoses, and nursing care plans, the operating room nurse can benefit greatly from exchanges with the patient. During the preoperative visit, the nurse's chief reponsibility regarding the patient is to deal with anxiety about surgery. Determining the patient's understanding of the surgical procedure can facilitate surgical scheduling. Nursing assessment of the patient's psychological condition and knowledge of the procedure should be included on the patient's chart for review prior to the operation.

81-1045

A Comparison of In-Hospital Education Approaches for Coronary Bypass Patients.

Barbarowicz, P.; Nelson, M.; DeBusk, R. F.; and Haskell, W. L.

Heart and Lung 9(1):127-133, January-February 1980.

Two educational methods related to coronary artery disease and its treatment were compared in 3 hospitals by using 230 patients undergoing uncomplicated coronary artery bypass grafting. Patients were randomly assigned to receive either slide-sound education or the usual education offered in each hospital. Knowledge, anxiety, and health-related behaviors were evaluated by interview or questionnaire before teaching, at discharge, and 1 and 3 months after discharge. Increases in knowledge scores during the hospital stay were significant in both teaching groups, but were more than twice as great in the slide-sound group. After discharge, the slide-sound group scores remained significantly higher for 3 months. Anxiety decreased significantly and health-enhancing behaviors increased significantly in both groups, without differences between groups. The superiority of slide-sound teaching programs suggests a need for reappraisal of current education practices for coronary bypass patients. 15 references.

81-1046

A Coordinated Patient Education Program in a Community Hospital.

Birk, R. E.

Journal--Association for Hospital Medical Education No. 1:23-25, 1977.

In 1976, St. John Hospital in Detroit, Michigan, established the Patient Education Center, which also offers an inservice nursing education component. Facilities included a medical library, an auditorium, classrooms for all hospital education programs, and a sound proof videotape production studio. Program components were modeled after the closed-circuit videotape program for obstetrical patients at Barnes Hospital in St. Louis, Missouri, the health education library at Kaiser Permanente Hospital in Oakland, California, and an audiovisual series developed by Core Communications in Health in New York. The four major program components are (1) a community health program involving videotape and classroom components, (2) a library with books and pamphlets, (3) a videotape program that provides tapes to patients at their bedsides, and (4) the Core Communications in Health's audiovisual series through which physicians prescribe tapes to in- and outpatients on 58 health-related topics. The patient's educational needs are assessed upon entry into the Center and at various times throughout individual educational programming. Patients are charged a small fee. The program has been accepted by both patients and physicians. 3 references.

81-1047

Teaching Activities of Family Nurse Practitioners.

Draye, M. A. and Pesznecker, B.

Nurse Practitioner 5(5):28-29, 32-33, September-October 1980.

To document specific nurse practitioner teaching activities, a nationwide study was conducted to quantify and describe the teaching activities of 356 family nurse practitioners (FNP's) in the course of acute, chronic, and wellness care, and to determine the influence of educational preparation and practice setting on teaching activities. The study documented patient problems and nursing services by monitoring patient logs over a 2-day period. A nursing activity code sheet, consisting of 52 items organized according to the major categories of assessment, intervention, and disposition, was attached to each patient log. Results show that teaching accounted for nearly half of all interventions, and was directed at informing patients about their diagnosis and care plan. The remaining teaching focused on prevention and child care. A third of the patients received instruction about preventive health practices. Results indicate that FNP's focus preventive teaching at all age groups with a slight emphasis on children. For preventive teaching to be done effectively, three criteria are necessary in the practice setting: time, resources, and a systematic approach to patient education. Comprehensive preventive teaching may be enhanced by group sessions, use of audiovisual materials, home teaching, and interdisciplinary teams and additional community nursing resources to supplement and followup on patient teaching. Routine implementation of preventive health teaching geared to specific risk factors associated with particular age groups or lifestyle practices is advocated. 7 references.

81-1048

Lamaze Childbirth Training and Changes in Belief About Personal Control.

Felton, G. S. and Segelman, F. B.

Birth and the Family Journal 5(3):141-150, Fall 1978.

A study involving 59 men and 72 women, divided into 3 groups, was designed to measure the degree to which beliefs about the origin of control for behavior and its consequences might change on the part of people who complete Lamaze childbirth training classes. The first group was divided among six different Lamaze classes, the second group was divided among four different American National Red Cross Preparation for Parenthood classes, and the third group underwent no formal training. Beliefs were assessed by means of the 29-item Rotter Internal-External Scale, which is designed to determine the degree to which people believe the origin of control of behavior to be internal or external to themselves. The scale was administered before and after the classes for those taking classes and at the beginning and end of a 3- to 6-week period for the controls. Data analysis indicated that Lamaze training for women led to a significant increase in new mothers seeing themselves as origins of control. Other modes showed no significant change for women. No significant postpartum findings emerged for men under any conditions. The findings provide a better understanding of the attitudes that expectant parents have prior to delivery, and will aid in the design of more effective Lamaze training sequences and elements of teaching and counseling. 10 references.

81-1049

Making Hospital Preparation Child-Centered (With a Little Help From Emily).

Ferguson, F. and Robertson, J.

Journal of the Association for the Care of Children in Hospitals 8(2):27-31, Fall 1979.

The Alberta Children's Hospital has initiated the Preadmission Visiting Program, a child-centered hospital preparation program that draws on the coordinated efforts of the recreation and child life department and the nursing department. The recreation and child life department developed a coloring book featuring a cat named Emily, a central character with whom the children can identify. Emily conveys information and entertains the children. The coloring book became part of the nursing department's home visitation program. During a typical visit, the nurse and the mother complete admission forms, consent forms, and a nursing pediatric history sheet, and the nurse explains to the mother various procedures that the child will undergo. Next the nurse goes through the coloring book with the child. On admission day, the same nurse meets the mother and child, guides them on a tour of hospital facilities, and brings the child to a playroom featuring a puppet show, with the coloring book character as the central puppet, and a hospital game that allows the children to familiarize themselves with hospital equipment. These program components ensure that the child has a positive attitude toward the hospital and the healing process. 9 references.

81-1050
How Effective Is Patient Education?
Geyman, J. P.
Journal of Family Practice 10(6):973-974, June 1980.

More research is needed on patient education methods to test their capacity to improve patient outcomes. Studies conducted during the past 10 years on the effectiveness of patient education in family practice have produced different results; some studies have demonstrated improved compliance and outcomes as a result of patient education, but many others have failed to document beneficial results. One such study is an analysis of the effectiveness of patient education and psychosocial counseling in promoting compliance and control among hypertensive patients. Results showed no significant improvement in either compliance or blood pressure control compared with family physician visits alone. Research to date points to three basic causes of ineffective communication between physicians and patients: (1) physicians' failures to provide a consultation perceived by patients as satisfying; (2) patients' failures to understand what they are told; and (3) patients' failures to remember what they are told. Empirical studies in each of these areas suggest positive approaches to more effective patient education. Suggestions are offered for improving communication between physician and patient, and for improving the patients' memory and understanding. 11 references.

81-1051
Circumcision and Patient Education (Letter).
Gorske, A. L.
American Journal of Diseases of Children 134(5):527, May 1980.

To facilitate counseling of parents about circumcision, the Department of Pediatrics at the Naval Regional Medical Center in Great Lakes, Illinois, prepared a handout on newborn circumcision. The leaflet presents both advantages and disadvantages of the procedure. Parents are asked to sign a statement indicating that they have read the leaflet and are counseled by the attending physician. The use of printed educational materials has resulted in a marked reduction in physician time required to ensure informed consent and has also been associated with a 30 percent reduction in the neonatal circumcision rate. 2 references.

81-1052
Self-Medication: A Developing Concept in Future Hospital Pharmacy Service.
Hannay, D. G.
Hospital Administration Canada (Don Mills) 19(1):33, 36-37, January 1977.

A self-medication program promoted by the director of pharmaceutical services at the Victoria Hospital in London, Ontario, was implemented in the 12-bed rehabilitation ward. After completion of a week-long assessment period, involving the entire rehabilitation team, each patient received a printed introduction to the program, instruction from a pharmacist on self-medication, and a supply of drugs with informative labels. Drug supplies were replenished regularly, and the pharmacist kept careful records for each patient to determine compliance levels. During a 22-month study of the program, 119 patients were discharged from the ward; 50 of the patients were deemed suitable for program participation. Participants ranged from 13 to 70 years old. A survey of 13 patients during a 4-month study indicated that (1) the adherence level to the drug regimen of an average patient was 83 percent; (2) self-medication patients consistently used less laxative, analgesic, and hypnotic medication than permitted; (3) spouses of self-medication patients frequently became involved in compliance behavior; and (4) patients who needed assistance in taking drugs became self-sufficient during the program. Though the program suffered from the exclusion of the pharmacist from the patient selection process, it did demonstrate the value of self-reliance programs in decreasing institutional dependency.

81-1053
Nutrition Broadcasting.
Hyland, K.-M.
Journal of Human Nutrition (London) 34(1):52-53, February 1980.

Dietitians at the Whittington Hospital in London, England, have developed and implemented a 12-week series of hospital-based radio programs on human nutrition. The series is broadcast to 2,000 patients and staff of hospitals within 12 square miles. Before each series, 12-page booklets containing details of broadcast dates, program titles, speakers, and script summaries are compiled and distributed, and guest speakers receive an outline of the show's interview, usually a discussion of three questions or topics with the dietitian. Broadcasts are transmitted after the morning coffee break, which is the peak listening time. The programs have brought national acclaim to the dietitians, an increased interest and knowledge of nutrition among the hospital staff, an increased workload in the dietetic department, and an increase in the local consumption of whole-grain bread. 12 references.

81-1054
Patient-Health Education: The Hospital Librarian's Role.
Johnson, B. C.
In: Patient-Health Education: The Librarian's Role. Pro-

ceedings of an Invitational Institute, February 5-9, 1979. Larson, M. T., ed. Detroit, Mich., Division of Library Science, College of Education, Wayne State University, p. 8-15, 1979.

The hospital librarian's role in patient education has been largely overlooked, with hospital library services designed primarily to meet the information needs of medical practitioners and to provide recreational reading material for patients. Barriers to the hospital librarian providing patient education materials include (1) lack of training for direct patient care and (2) fear of overstepping ethical boundaries in patient-professional relationships. Librarians also realize that technical information may be misunderstood and may produce anxiety when presented to patients without the perspective established by a health care professional, and the librarians are uncertain about their competency to choose authoritative materials for lay people. Important roles for the librarian include (1) gathering information relevant to an individual patient's illness; (2) disseminating it to patient education personnel; (3) storing, classifying, and organizing educational materials directed toward the specific needs and requests of patients and their families; (4) collecting materials written or produced for the public by recognized authorities; and (5) promoting with public medical materials the kind of bibliographic and quality control found in information designed for health professionals. Links should also be established between librarians in health institutions and those in public libraries. 21 references.

81-1055

Knowledge of Diabetes Mellitus, Diets and Nutrition in Diabetic Patients.

Karlander, S. G.; Alinder, I.; and Hellstrom, K.
Acta Medica Scandinavica (Stockholm) 207(6):483-488, 1980.

A study of outpatient diabetics treated in a Stockholm hospital explored levels of knowledge concerning diabetes, diet, and nutrition. A multiple choice questionnaire was administered to 317 diabetic patients, 70 nondiabetic patients, 53 nurses, and 42 third-year medical students. Study results showed a correlation between test scores in diet-nutrition and some variables of diabetic control. There were more correct answers to questions about diabetes than to questions about diet-nutrition. A test score of 80 percent on the diet-nutrition section was considered necessary for proper management of the diet at home. This level was reached by 84 percent of the medical students, 26 percent of the nursing personnel, 29 percent of the insulin-treated diabetics, 9 percent of the tablet-treated diabetics, and 4 percent of the nondiabetic patients. Diabetic patients who participated actively in their daily self-care achieved better scores in diet-nutrition than the others. Among insulin-dependent patients, significant inverse correlations were found between test scores and body weight and blood glucose and serum triglyceride concentrations. Results suggest that the piecemeal instructional system used to teach diabetic patients in this hospital is inefficient and should be replaced by a formal educational program integrated into the patient care system. The level of knowledge among nursing personnel also needs to be improved. American studies on education of diabetic patients also conclude that the level of knowledge is too low to permit effective self-management. Results of the new formal educational program now underway at the Stockholm hospital will be reported in future publications. 12 references.

81-1056

Compliance With Medical Regimens During Adolescence.

Litt, I. F. and Cuskey, W. R.
Pediatric Clinics of North America 27(1):3-15, February 1980.

The determinants of adolescent medical noncompliance were investigated to gain insight into the development of adolescent health behavior. Topics include direct and indirect compliance measurements, including analysis of body fluids, pill counts, self-reports, outcome assessment, and physician estimate of compliance; the extent of noncompliance; noncompliance patterns; noncompliance determinants, including patient, family, therapy, illness, the physician-patient relationship, and medical care setting characteristics; and improvement of compliance behavior through educational strategies, medication packaging, patient supervision, behavior modification, and the patient-physician relationship. The first step in increasing compliance involves systematic compliance monitoring, rather than monitoring only when noncompliance is clinically suspected. When compliance is a problem, a more positive outcome may be achieved by determining circumstances that have fostered successful compliance and attempting to individualize the regimen accordingly. Barriers such as side effects, previous negative experiences with the medicine, and lack of conviction about the diagnosis or appropriateness of therapy should be explored. 54 references.

81-1057

Education of Independent Elderly in the Responsible Use of Prescription Medications.

Lundin, D. V.; Eros, P. A.; Melloh, J.; and Sands, J. E.
Drug Intelligence and Clinical Pharmacy 14(5):335-342, May 1980.

A pilot study tested the effectiveness of medication instruction by using 61 volunteers, 65 years old and above. The subjects were interviewed regarding their medication-taking practices and individually instructed via oral techniques, written techniques, oral and written techniques, or oral and written techniques reinforced by memory aids. The overall preinstruction compliance level for the subjects was 98.8 percent. Postinstruction interviews revealed no significant differences in compliance across groups. Yet, although compliance, judged specifically on the basis of the prescription label instructions, was extremely high both before and after instruction, drug-taking behavior and knowledge did change as a result of the interventions. The preinstruction compliance score did not necessarily reflect safe or desirable drug-taking behavior. No specific information was given to clients concerning their prescriptions and prescription medications, an omission that represents a much broader problem than noncompliance. 47 references.

81-1058

Dietary Recommendations for Individuals With Diabetes Mellitus, 1979: Summary of Report From the Food and Nutrition Committee of the American Diabetes Association.

Nuttall, F. Q.

American Journal of Clinical Nutrition 33(6):1311-1312, June 1980.

In 1979 the Committee on Food and Nutrition of the American Diabetes Association published a guide for health professionals who deal with the nutritional needs of diabetics. The guide emphasizes that (1) a nutritionally adequate, mixed diet is satisfactory for most diabetics; (2) dietary recommendations should be flexible; (3) education of diabetics and their families is the key for developing a reasonable treatment regimen and for maintaining patient compliance; (4) diet and meal planning should be highly individualized; and (5) the best treatment for obese, insulin-dependent diabetics is weight loss and maintenance of a desirable body weight. In addition to these principles, the diet should contain 12-20 percent protein, 50-60 percent carbohydrates, and up to 10 percent polyunsaturated fats. A modest restriction in salt intake should be considered, alcoholic beverages may be used in moderate amounts, and nutritionally incomplete fad diets should be avoided. No Committee positions were taken on the use of dietary fiber or the use of sorbitol and fructose as sweeteners. 5 references.

81-1059

Baseline Assessment of Patient Education in Clinical Practice.

Ory, M. G.; Buckingham, J. L.; and Windsor, R. A.

Physician's Patient Education Newsletter 4(1):3-4, February 1981.

A study in a clinical practice setting was designed to observe the health education content of physician-patient encounters, as part of a 3-year grant awarded to the Department of Family Practice at the University of Alabama at Birmingham by the Bureau of Health Manpower. A review of existing patient education studies in primary care settings resulted in a list of 24 components important to patient care and management. These components were related to communication, educational-behavioral diagnosis, the treatment plan, and utilization of specific patient education materials. Criteria for recording the degree to which observed physician-patient interaction integrated these components were incorporated into standardized recording forms. The forms were used to assess videotapes of 50 physician-patient encounters. Over 90 percent of the encounters were characterized by good communication on the part of the physicians. Components conducive to good behavioral diagnosis were less evident, though physicians' treatment plans were likely to include the more important components. The videotapes revealed a lack of traditional activities such as providing educational materials, utilizing multimedia resources, or referring the patient for further education. Areas in which weaknesses were found should receive more attention during medical training.

81-1060

Programmed Instruction as a Patient Teaching Tool: A Study of Myocardial Infarction Patients Receiving Warfarin.

Rankin, M. A.

Heart and Lung 8(3):511-516, May-June 1979.

A study was conducted of 19 patients recovering from myocardial infarctions in an Iowa hospital to compare two methods of teaching patients about their anticoagulant medication and to measure learning and retention levels. The main hypothesis tested was that programmed instruction using the booklet "Programmed Instruction for Patients Maintained on Warfarin Therapy" would be more effective in patient teaching than routine teaching practices following the American Heart Association's leaflet, "Anticoagulants, Your Physician and You." Patients were given two quizzes, one a few days after completion of programmed instruction or routine teaching to measure learning, and one 3 weeks later to measure retention.

Study findings validate the hypothesis that programmed instruction is more effective in promoting both learning and retention than routine teaching practices. Programmed instruction has the advantage of ensuring standardized teaching content, and the self-paced, individualized learning approach is not contingent upon the time nurses are available to teach. Several limiting factors of the study are discussed, which might be controlled or investigated in further research. 14 references.

81-1061
Patient Information and Patient Preparation in Orthognathic Surgery: A Medical Audit Study.

Rittersma, J.; Casparie, A. F.; and Reerink, E.
Journal of Maxillofacial Surgery (Stuttgart) 8(3):206-209, August 1980.

A study involving 110 patients who had undergone various kinds of orthognathic surgery to correct facial deformities assessed the levels of patient satisfaction with the results of the procedures. Responding by means of a written questionnaire, 94 percent of the patients expressed satisfaction with the preparation and final outcome of the surgical procedure. Twenty to forty percent of the patients, however, indicated that they were not properly informed about postoperative complications. On the basis of the deficiencies indicated in the questionnaires, appropriate patient education information was assembled. There are plans to measure the effectiveness of this material. 23 references.

81-1062
Social Support and Patient Education.

Shinn, M.; Caplan, R. D.; Robinson, E. A. R.; and French, J. R. P., Jr.
Urban Health 6(4):20-21, 57-59, June 1977.

In a recent study by the Michigan Institute for Social Research and the Henry Ford Hospital, 200 patients with diagnosed hypertension participated in a program designed to assess the differential effects of social support and lecture interventions. Patients in the lecture program attended four 60-minute presentations by nurses on the effects of high blood pressure, the role of stress, medications used in the treatment of hypertension, and dietary restrictions. The presentations included guest lectures by a pharmacist and a dietitian, films, and question-and-answer periods. Patients assigned to the social support intervention met with nurses for six 2-hour sessions, which covered the information provided in the lectures and also included discussions and role playing. A psychologist, pharmacist, and dietitian attended some of the social support sessions, and several exercises on question-asking skills were incorporated into the sessions to improve group dynamics. A control group received neither intervention. Preprogram questionnaires assessing knowledge, anxiety, somatic complaints, and social support were administered to all patients, and 77 patients were posttested over a 6- to 8-week period. Results showed that (1) social support patients were most likely to have clinically controlled blood pressure; (2) the traditional lecture approach was almost as effective as the social support approach; and (3) complex therapeutic regimens led to low compliance levels. 11 references.

81-1063
Learning as a Life Experience: The Case of the Cardiac Patient.

Storlie, F.
Supervisor Nurse 8(7):61-62, 65-67, 69, July 1977.

Nurses who are health educators must understand the principles of teaching if they are to deal effectively with cardiac patients affected by high-risk lifestyle habits. The nurse should understand the principles related to biofeedback, progressive relaxation, operant conditioning or behavior modification, cognitive field theory, and discovery-learning methods. In determining instructional principles, the nurse should specify experiences that will influence the patient significantly, specify the ways in which a body of knowledge should be structured, plan an effective sequence for presentation of the materials to be learned, and specify the intrinsic rewards of learning. To ensure proper respect for the individuality of the patient, the nurse should (1) establish a goal of mutual understanding and acceptance and (2) develop a mutual responsibility for the patient's educational and health care regimen. The nurse must be able to recognize and assess changes in knowledge, skills, attitudes, and behavior. 11 references.

81-1064
How Misconceptions Deter Maintenance.

Ward, G. W.
Urban Health 6(4):28-29, June 1977.

Indications that 10 million Americans are aware that they have hypertension but are unwilling to comply with the necessary therapy suggest the need for serious health education and promotion efforts, particularly during the crucial early months of therapy. Studies reveal that the primary factors affecting patient compliance among hypertensives are the patients' interactions with their families and with medical personnel. Misconceptions that interfere with the complex decisions hypertensive patients must make include beliefs that (1) normalizing hypertensive conditions is equivalent to curing that condition; (2) high blood pressure is the result of nervous tension; (3) hypertension is always accompanied by symptoms; and (4) certain lifestyle changes can be substituted for medication. In addition to informing patients of the nature and treatment of their disease, physicians should prepare patients for the short-term side effects of medication and involve family members in therapy. A systematic educational and motivational process should be offered in simple language and supplemented by the use of leading questions, educational checklists, and periodic reviews. 3 references.

81-1065

Effectiveness of Patient Education and Psychosocial Counseling in Promoting Compliance and Control Among Hypertensive Patients.

Webb, P. A.
Journal of Family Practice 10(6):1047-1055, June 1980.

A study of 123 low-income, rural, black hypertensive patients was conducted to assess the effectiveness of two intervention strategies--group patient education and individualized psychosocial counseling--in relation to knowledge, anxiety, and locus of control. The group was pretested at a family practice clinic in Florida, on several psychological characteristics and randomly assigned to one of three groups: patient education and family physician appointments; psychosocial counseling and family physician appointments; or family physician appointments only (the base-line medical care, which served as the control condition). After intervention and followup lasting 3 months, compliance was measured in terms of keeping appointments, bringing hypertension medications to each appointment, using these medications regularly, and lowering diastolic blood pressure. Results indicated that neither patient education nor additional psychosocial counseling improved compliance or blood pressure control more significantly than did regular family physician visits alone. This does not mean, however, that physicians should not educate newly diagnosed patients or refer them for counseling if necessary. The key to improved compliance may be whether the followup medical care is sufficiently individualized to (1) assess specific problems and help patients resolve difficulties with their particular regimens, (2) offer further nutritional counseling, (3) strengthen the relationship between the physician and the patient, and (4) support and reward patients' compliance efforts. 30 references.

81-1066

Patient-Health Education: A Physician's Viewpoint.

Whitehouse, F. W.
In: Patient-Health Education: The Librarian's Role. Proceedings of an Invitational Institute, February 5-9, 1979. Larson, M. T., ed. Detroit, Mich., Division of Library Science, College of Education, Wayne State University, p. 16-20, 1979.

Public librarians can contribute to health information and patient education efforts by providing information on promotion and maintenance of good health to nonpatients and information on surviving or coping to those with chronic diseases. Issues surrounding information preparation and dissemination by librarians include choosing topics and sources; distinguishing between scientific facts and traditional opinions; selecting methods of presenting information; selecting audiovisual resources; balancing viewpoints in controversial health areas; identifying obsolete materials and replacing them with updated ones; avoiding duplication in materials; offering evaluative comment on educational materials; maintaining funding for health information services; and considering factors such as ethnicity, language differences, age, and levels of literacy. Librarians should distinguish between presenting facts and offering perspectives, use the opportunity for motivating clients, and suggest appropriate applications of knowledge. Librarians can also play a prominent role in health information promotion and outreach by supporting school health curricula, home television exposure, and use of educational materials supplied by voluntary health agencies in libraries. Information and education activities for diabetics are cited as examples.

81-1067

From Educating the Diabetic Client to the MoNA Clinical Sessions.

Woods, M. E.
Missouri Nurse 49(3):10-11, June-July 1980.

In October 1980, the Missouri Nurses Association (MoNA) Special Interest Groups conducted a series of weekend sessions on patient education. The medical-surgical special interest group sponsored 1-day workshops on "Patient Teaching: What Do Nurses Need to Know?" at four sites in Missouri during fall 1978. During these sessions, participants worked in small groups to develop teaching plans based on individual case studies. Ten different teaching plans resulted from the groups' work, reflecting the variety of the case-study situations. A diabetic teaching program was developed that teaches the patient to follow the treatment regimen and to assume self-care responsibility. Program topics include the initial diagnosis of diabetes; anatomy and physiology of diabetes; precipitating factors in diabetic reactions; diet; medications; activity; and discharge instructions. Objectives, teaching activities, and evaluations or outcomes are provided for each topic.

PROFESSIONAL EDUCATION AND TRAINING

81-1068
The Self-Care Training Nurse: Moving the Renal Patient From Basic Acceptance to Competence.
Deeg, D.
Nephrology Nurse 2(4):22, July-August 1980.

The educational responsibilities of the self-care training nurse treating the renal patient include planning, organizing, and coordinating the hemodialysis and home-training program. At least 3 months of experience in assisting patients on maintenance dialysis is required, and a year of experience in a special nursing area is preferred. Background in interpersonal communication, family therapy, and death and dying curricula is helpful. The nurse must be able to work as part of a team that includes a nephrologist, the administrative manager of the renal department, renal technicians, a dietitian, a patient representative, a unit secretary, renal staff nurses, and representatives of companies that supply home patients with water and other supplies. Weekly interdisciplinary conferences allow assessment of the ability of the patient and the family to implement the care plan. Home visits and the use of carefully documented quizzes and checklists administered to the patient and a significant other are essential. Each renal unit should have an inservice program to ensure that nurses are properly trained in these areas.

81-1069
School Nurse Certification With a Health Education Minor Option.
Johnson, J. N.
Journal of School Health 49(2):70-71, February 1979.

The University of Wisconsin at Madison offers undergraduate nursing students, graduate nurses, and practicing school nurses a program of study leading to certification as a school nurse. The program includes an optional component that allows students to obtain a 26-credit minor in health education and a certification of eligibility as a health teacher. Requirements for certification as a Wisconsin school nurse include a Bachelor of Science in nursing, a six-credit practicum in school nursing, and nine credits in education. Practicum students meet in bimonthly seminars to discuss experiences and research topics, formulate a sound nursing philosophy, plan future programs, and evaluate existing health education programs. Field placements available to program graduates include employment as school nurses attached to one school or employment by a health department or nursing service to provide services to schools that do not have full-time nurses.

81-1070
Teachers and Pupils as Health Workers.
Joseph, M. V.
Lancet (London) 2(8202):1016-1017, November 8, 1980.

A program in the pediatrics department of a hospital in rural central Kerala, India, trains teachers and pupils in health care, illness prevention, and health promotion activities. The target population for recruitment includes teachers and pupils at 30 schools within 20 kilometers of the hospital. The first phase of the four-phase program involved attendance by teachers at a 4-day course, establishment of school health units with simple medicine and first-aid facilities, and establishment of linkages between the hospital and schools via a health visitor. During the second phase, 6 to 10 pupils from each school were trained to assist the teacher and promote healthy behavior among peers. The third phase, community action, consisted of numerous student-run prophylactic, immunization, nutrition, dental hygiene, and sanitation projects. Finally, the student trainees were encouraged to involve their families, particularly siblings, in healthy behaviors. A 5-year program evaluation revealed a substantial reduction in common ailments among the target population and a rise in student attendance at school. 4 references.

81-1071
Maxcy-Rosenau Public Health and Preventive Medicine.
Last, J. M., ed.
11th ed. New York, Appleton-Century-Crofts, 1926 p., 1980.

An overview of the field of public health and preventive medicine is presented for students in schools of public health and for residents in preventive or community medicine. Topics include public health methods; communicable diseases; environmental health; hygiene and sanitation; behaviors affecting health; chronic disabling conditions; mental health and mental disorders; genetic aspects of preventive medicine; dental public health; nutrition and preventive medicine; population and public health; injury as a public health problem; and health care planning, organization, and evaluation. Numerous references.

81-1072

"What is Health Education in Nursing Practice?" Report of a Developmental Workshop, December 1979.

Perkins, E.

London, England, Health Education Council (Training Occasional Paper 2), 26 p., May 1980.

In December 1979, the Health Education Council of London, England, held a developmental workshop to delineate the role of health education in nursing practice. The 39 workshop participants, who included district nursing officers, directors of nurse education, nurse tutors, area health education officers, and one regional nurse, were divided into groups to address questions related to nursing syllabi; the contribution of the health education officer to curriculum development support networks; professional inhibitions affecting the nurse's natural ability; factors influencing interaction between tutors, managers, and students; factors inhibiting effective nurse-patient communication; strategies for improving communication; networks for support among patients; the relation between the nurse's health education role and counseling and teaching functions; and the contribution of the health education officer in supporting the health education role of the nurse. Lists of workshop delegates and planners, a booklist for health education in nursing practice, and miscellaneous workshop materials are appended.

REGULATION, LEGISLATION, AND ADMINISTRATION

81-1073

Legal and Ethical Issues Involved in Health Education.

Goldberg, T.

In: Patient-Health Education: The Librarian's Role. Proceedings of an Invitational Institute, February 5-9, 1979. Larson, M. T., ed. Detroit, Mich., Division of Library Science, College of Education, Wayne State University, p. 129-132, 1979.

Legal issues in medicine center on the rights and obligations of the physician in treating symptoms presented by a sick patient. Legal proceedings result when desired outcomes are not forthcoming, indicating that the provider somehow violated legal responsibility to adhere to an accepted course of action that would have resulted in cure. This one-sided approach is a reflection of the predominant view that medical care should be directed at attending disease. Little attention is given to patients' roles in the process, including their rights and responsibilities. Evidence indicates that economic circumstances, environmental factors, self-imposed risks, health education, and general attitudes have a substantially greater impact on health status than does the lack of technical expertise or limited medical care services. Medicine must go beyond responding to the demands for acute care and encompass preventive medicine and health education as more effective tools for dealing with major health threats. Measures for improving the overall health of the American people should include an emphasis on health promotion rather than on treatment of disease, adequate acknowledgment and compensation for those who provide preventive services as well as for those who perform curative procedures, an increase in health education programs and activities, and a broadening of the definition of legal and ethical issues in health care.

81-1074

Statement of Nutrition Education Policy. Board of the National Nutrition Consortium, June 1980.

National Nutrition Consortium, Washington, D.C.

Journal of Nutrition Education 12(3):138-139, July-September 1980.

In June 1980, the National Nutrition Consortium Board, with the aid of the Society for Nutrition Education, formulated a statement on nutrition education policy. The policy suggests that (1) nutrition education be incorporated into all educational levels; (2) adult education programs be improved, with the goal of improving the home nutrition environment; (3) nutrition education be conducted or supervised by professionals who have had scientific training in nutrition through accredited institutions; (4) the content of nutrition education be based on scientific evidence and, where appropriate, should present both sides of a controversial issue; (5) all nutrition education efforts include an evaluation component to assess attitudinal, cognitive, and behavioral change; (6) adequate funding for continuing research in nutrition education be made available from public and private sources; and (7) activities be coordinated by all professionals in the field.

81-1075

Health Education as an Element of US Policy.

Ogden, H. G.

International Journal of Health Education (Geneva) 23(3):150-155, 1980.

The U.S. government's role in setting and implementing health policy is outlined. The Surgeon General's report on health promotion and disease prevention, entitled "Healthy People" (1979), focused on lifestyles, health protection, and health services. Specific objectives for the coming decade are defined in 15 major subareas, with health education a critical element in nearly all of them. Along with public disenchantment with the medicalization of health, other factors have contributed to health education's new visibility, including the consumer, environmental, and women's rights movements, as well as a general popular movement toward better health through lifestyle changes. A number of major proposals are being advanced through the budgetary system for implementation of health education and promotion programs, some directed toward specific disease problems and health behaviors, others toward the capability of State and local agencies to carry out effective health education and risk reduction programs. Responsibilities associated with the emergence of health education as a prominent element in national health policy are examined.

81-1076

Common Ground in Health Education.

Ogden, H. G.

Eta Sigma Gamman 12(3):3-6, Fall-Winter 1980.

Health educators must find a common working ground if they are to continue to receive funding and public support. Developments over the decade indicate the rise of government sponsorship for health education: the formation of the President's Committee on Health Education in 1971; delivery of the Committee's Report to the White House in 1973; establishment of the Bureau of Health Education (BHE) in 1974; inclusion of health education among the 10 priorities of the national health planning system in 1975; enactment of Public Law 94-317 in 1976; passage of the Health Services Amendments in 1978; publication of the Surgeon General's 1979 Report outlining a national program of health promotion; and initiation of a health education grant program at BHE in 1979. In response to this support, health educators must formulate evaluation designs that measure how cost-effectively health education programming ameliorates leading health problems. The initial success of the BHE grant program suggests that health educators are capable of finding the common ground necessary for this effort. Other indicators of the discipline's competence include the process of role delineation for health educators now underway under the auspices of the National Center for Health Education, the immense growth of contracts and collaborative efforts involving the Department of Education and the Public Health Service, the growth of the Coalition of Health Education Organizations, and the development of a joint health and education approach to evaluation of school health curricula.

81-1077

A Hard Look at FDA's Patient Labeling Project.

Penna, R. P.

American Pharmacy 19(12):16-19, November 1979.

An adaptation is presented of a formal statement prepared by the American Pharmaceutical Association (APhA) for submission to the Food and Drug Administration (FDA) in response to proposed patient labeling regulations. APhA suggests that the FDA has failed to identify clearly the objectives that patient labeling should achieve and has failed to supply adequate evidence that the proposed regulations will provide any substantial patient benefit. APhA estimates that total expenses incurred by independent and chain pharmacies due to the addition of filing cabinets, remodeling costs, reduced profits and unrecovered rents, additional supply costs, clerk labor, pharmacists' salary expenses, and returned prescriptions will approach $1.8 billion by the end of the 5-year implementation period, based on a 7 percent annual inflation rate. Specific comments regarding dispensing, distributing, and withholding patient labeling are given along with the recommendations that the FDA (1) conduct a more thorough analysis of the proposed regulation containing input from APhA, manufacturers, and wholesalers; (2) join with other government and nongovernment groups to review and analyze the report being prepared by the National Academy of Sciences' Institute of Medicine on the impact of patient labeling; and (3) design a pilot program to test whether patient labeling meets the expectations of the agency, the public, and the health professions.

81-1078

Where Do We Stand With PPIs?

Welsh, J. S.

American Pharmacy 19(12):12-15, November 1979.

A synopsis of the U.S. Food and Drug Administration regulations on patient labeling, an outline of pending proposals to be implemented over a 5-year period, and perceived drawbacks to the new proposals are presented. Drawbacks to the new proposals include (1) the cost of extra physician and pharmacist consultation time needed to overcome patients' misgivings; (2) the cost to pharmacists of refunds for medications patients might elect to return after reading the patient package insert (PPI); (3) additional handling and shipping expenses for drug manufacturers; and (4) additional costs for PPI dispensers. Additional problems include the possibility of running out of PPI's before depleting the drug supply, and the requirement for PPI's on prescription renewals in the treatment of chronic or medical conditions. Several commercially available drug information leaflets are examined, with the suggestion that the FDA approve such leaflets as PPI substitutes.

RESEARCH AND EVALUATION

81-1079

Case Studies in Behavioral Diagnosis and Management: A Review of Previous Case Studies.
Physician's Patient Education Newsletter 4(1):5-6, February 1981.

A review of 16 case studies in behavioral diagnosis and management suggests possible areas for the continued development of the behavioral diagnosis concept. The concept of behavioral diagnosis organizes human behavior into predisposing (individual), reinforcing (social), and enabling (environmental) factors. Case studies have demonstrated the efficacy of the behavioral diagnosis approach in dealing with asthma, hypertension, birth control, child care, manic depression, and difficult breast feeding. Of the 16 cases reviewed, all but 3 reported on followup visits regarding the effectiveness of patient education activities. Three of the thirteen followup cases described failures of the behavioral interventions. Behavioral diagnosis techniques are particularly effective in identifying impediments to desired behavior. Though case studies preclude the use of controlled designs, they effectively and economically highlight anecdotal findings often missed by standardized, objective evaluation instruments. Future research should investigate nonverbal behavior, proper questioning procedures, and identification of patient anxieties. 17 references.

81-1080

Knowledge and Vocabulary Used in Periodontal Health Education by Students in the Dental Field.
Bakdash, M. B. and Keenan, K. M.
Educational Directions for Dental Auxiliaries 3(2):11-14, May 1978.

To evaluate the knowledge and vocabulary used by dental health students to describe various signs of periodontal disease, 545 dental, dental hygiene, and dental assistant students were asked to list in layman's terms as many signs of periodontal disease as they knew. Each response was subjected to quantitative and qualitative analysis. Quantitative analysis revealed that second year dental assistant students knew significantly fewer periodontal disease signs than any other group. Second year dental and first and second year dental hygiene students knew similar numbers of signs, with first year dental students reporting somewhat lower and third year dental students reporting somewhat higher. Qualitative analysis showed that most students, particularly third year dental students, described disease signs in highly technical language. Limitations and implications of the research as well as further recommendations are discussed. 14 references.

81-1081

A Research Framework for Evaluating the Promotion of Mental Health and Prevention of Mental Illness.
Eisenberg, L.
Public Health Reports 96(1):3-19, January-February 1981.

A review of selected topics in mental health promotion and prevention of mental illness and a consideration of prevention and promotion efforts provide background for evaluating such efforts. Preventive efforts need to be placed in a proper perspective. The decision as to whether or how they will be implemented is often a political one, made without regard to the merits of the effort. Also prevention is often depicted as an eventual eliminator of disease, yet reasonable assertions of the benefits of preventive behavior and realistic evaluative criteria are needed. Tasks for those working in preventive efforts include (1) assessing the illness burden of each category of disease, (2) determining the relationship between nutrition and specific diseases, (3) determining the influence of social networks on psychological and physiological disorders, (4) mitigating the effects of acute loss, (5) determining the influence of school versus social class on health status, and (6) providing responsive programming to adolescents in sex education and family planning. Specific techniques to protect against psychiatric disorders include amniocentesis and abortion, metabolic screening techniques for newborns, genetic counseling services, early interventions for children at risk, means of minimizing environmental hazards to the brain, and primary prevention techniques for mental disorders associated with aging. 136 references.

81-1082

The Consumer Speaks: How Patients Select and How Much They Know About Dental Health Care Personnel.
Garfunkel, E.
Journal of Prosthetic Dentistry 43(4):380-384, April 1980.

To determine what prospective patients consider important when seeking dental care, 268 patients at 22 offices in Dayton, Ohio, were asked to complete a 42-item questionnaire. Seventy-eight of the patients wore complete dentures and answered an additional 24 questions. Results revealed (1) the public needs more familiarity with the different specialties available in dentistry; (2) the meaning of the term "denturist" is not widely known; (3) most patients select a dentist through recommendations of friends and relatives; (4) the most desirable characteristic in a dentist is the willingness to communicate with patients and to discuss alternative treatments; (5) most patients consider dental fees reasonable for the service provided; (6) although most patients have confidence in their dentists, a significant percentage believe that dentists are more concerned with making money than with patient welfare; and (7) dentists refer few patients to prosthodontists, and of those referred, most require a maxillofacial prosthesis. 5 references.

81-1083
Suggested Guidelines for Evaluation of Health Education Programs.
Gunn, W. J.
In: "My Health to Better Living"; Meeting of National 4-H Health Advisory Panel and Pilot States at the National 4-H Center, August 2-3, 1978. National 4-H Council, Washington, D.C., p. 58-68, (197-).

Guidelines are offered for implementing research, demonstration, and service projects and for evaluating these projects. Steps in the evaluation process include (1) identifying a target audience (i.e., those who will experience the program as well as those whose interest and support are desired); (2) determining evaluation purposes, i.e., formative, summative, or political; (3) identifying resources available for the evaluation; (4) identifying a target group; (5) determining program issues and devising means to state program objectives in measurable form; (6) identifying, developing, and validating measurement devices to be used in measuring program outcomes and implementation; (7) identifying, developing, and validating test criteria as a means to compare program content with program objectives; (8) selecting an appropriate experimental evaluation design; (9) collecting and analyzing data; and (10) drafting the final report, with subsequent communication of results to the target audience.

81-1084
Bridging the Gap: Can It Be Done?
Hoffman-LaRoche, Inc., Nutley, N.J. Vitamin Nutrition Information Service.
Nutley, N.J., Vitamin Nutrition Information Service, Hoffman-LaRoche, Inc., 11 p., April 1980.

The Response Analysis Corporation conducted a series of surveys from May through November 1978, to appraise current nutrition beliefs and practices among parents, students, and nutrition educators. The survey samples included 1,000 parents of children under 18 years old, 448 nutrition educators, and 750 students 9-18 years old. Survey results indicated that (1) 95 percent of the people surveyed thought that nutrition was important to their families and themselves; (2) 99 percent of the parents thought that nutrition education was important for children; (3) high scores on a nutrition knowledge test did not correlate with good eating habits among students; (4) eating habits deteriorated as age increased; (5) although students claimed to rely most heavily on teachers for nutrition information, they practice nutritional behavior modeled by their parents; and (6) the erosion of traditional lifestyles has contributed to casual eating habits. Results suggest that specialized training for nutrition educators and emphasis on nutrition education in the schools are needed.

81-1085
Critical Patient Behaviors in High Blood Pressure Control.
McCombs, J.; Fink, J.; and Bandy, P.
Cardiovascular Nursing 16(4):19-23, July-August 1980.

In order to define behaviors critical to therapeutic control of hypertension and to promote active responsibility among hypertensives, the National High Blood Pressure Education Program brought together an interdisciplinary group representing medicine, pharmacy, health education, and nursing. The group's decisions were based on the premise that active patient participation, placement of primary responsibility with the patient, and interaction between the patient and the professional are essential. Critical behaviors identified include making the decision to control blood pressure, taking the medication as prescribed, monitoring progress towards the blood pressure goal, and resolving problems that block achievement of blood pressure control. The group delineated specific knowledge, attitudes, and skills associated with each behavior. The efficacy of the behaviors outlined by the group need to be validated via testing by nurses and other professionals. 6 references.

81-1086
A Study of the Impact of the 1978-79 National Influenza Immunization Program on Specific Physician Groups. Final Report.
Opinion Research Corp., Princeton, N. J.
Atlanta, Ga., Centers for Disease Control, Center for Health Promotion and Education, 355 p., November 1979.

A nationwide survey of 239 general practitioners, 287 internists, 252 pediatricians, and 252 industrial physicians was conducted in 1979 by Opinion Research Corporation under contract with the Center for Disease Control to assess the views of these professionals about the 1978-79 public influenza immunization program. Telephone interviews were conducted from September 5 through October 12. Results of the survey indicated that (1) 90 percent of the physicians administered the flu vaccine; (2) 93 percent thought the vaccine was safe; (3) those who administered the vaccine were most likely to use it among patients with chronic illnesses and elderly patients; (4) 90 percent informed their patients of the risks and benefits associated with the vaccine; (5) fewer than 10 percent found it difficult to obtain the vaccine; (6) fewer than 25 percent were aware that Medicaid reimbursements were available to cover the costs of the vaccine; (7) only 30 percent thought that the average adult should be vaccinated; (8) only 10 percent thought that children should be vaccinated; (9) 47 percent reported dissatisfaction with the program, often due to lack of information or poor program management; and (10) 70 percent supported future programs.

81-1087

Influence of Selection Versus Lifestyle on Risk of Fatal Cancer and Cardiovascular Disease Among Seventh-Day Adventists.

Phillips, R. L.; Kuzma, J. W.; Beeson, W. L.; and Lotz, T.
American Journal of Epidemiology 112(2):296-314, August 1980.

A mail survey of 22,940 Seventh Day Adventists (SDA's) and 112,726 subjects representing the remainder of the California population provided data that may explain the low level of mortality due to cancer and cardiovascular disease among SDA's. SDA and non-SDA participants who were over 35 years old were comparable in that they both had a substantially better occupational and educational status than other whites in the nation. However, the lifestyles of the SDA's were characterized by significantly lower levels of tobacco use, meat consumption, and stress factors, and a significantly higher level of exercise. In comparison to all whites in the nation, the non-SDA Californians had significantly lower levels of mortality from cancer and coronary heart disease. When comparing SDA and non-SDA populations in California, the former have significantly lower mortality rates associated with smoking-related cancers, colon-rectal cancer, circulatory disease, and coronary heart disease. Fatal lung cancer among all nonsmoking SDA's was 50 percent less than the risk among comparable nonsmoking non-SDA's, suggesting that passive smoking may be cancer causing for non-SDA's. The divergence of SDA's from the typical Western lifestyle may be the leading factor contributing to the low mortality rates associated with lifestyle-related diseases for this population. 13 references.

81-1088

Attitudes Toward Abortion and Prenatal Diagnosis of Fetal Abnormalities: Implications for Educational Programs.

Sell, R. R.; Roghmann, K. J.; and Doherty, R. A.
Social Biology 25(4):288-301, Winter 1978.

The relationship between knowledge of prenatal screening and attitudes toward abortion under circumstances of probable fetal abnormalities was examined through questionnaires completed by 1,616 women 30 to 45 years old from the Rochester, New York, area. Results revealed that (1) Catholic women were most likely and Protestant women least likely to be opposed to abortion; (2) 21 percent of all women with one child or less were opposed to abortion, whereas among women with three or more children opposition increased to 29 percent; (3) 31 percent of Catholic women with small families and 37 percent with large families were opposed to abortion; (4) no substantial relationship between family size and attitudes toward abortion was noted among Protestant women; (5) 57 percent of all respondents believed that women over 35 years old should have prenatal diagnosis, and 71 percent believed that women over 40 years old should have such diagnosis; (6) few women were aware of the specific abnormalities detectable before birth; and (7) moral considerations represented only part of the opposition to abortion, and low levels of knowledge about prenatal screening were consistently associated with opposition to abortion. Findings suggest that any action increasing the awareness of prenatal screening benefits would lead to a greater demand for abortion services. 33 references.

81-1089

Sources of Sex Information and Premarital Sexual Behavior.

Spanier, G. B.
Journal of Sex Research 13(2):73-88, May 1977.

A secondary analysis of cross-sectional data from a national probability sample of 1,177 college students, who were interviewed during spring 1967 about their sexual behavior and sexual socialization experiences, was designed to investigate the sources of sex information and the means by which these sources influence sexual behavior. Information was obtained from subjects through structured interviews. The dependent variable in the study, premarital sociosexual behavior, was measured by an index that registered incidence and prevalence of premarital sexual involvement during college. Reported sources of sexual information and the index were cross tabulated. Among females, sexual behavior was influenced in a positive direction by male friends and independent reading, and in a negative direction by mothers. Among males, sexual behavior was influenced in a negative direction by clergymen and in a positive direction by male and female friends and independent reading. Because only cross-sectional data was available, these findings should be interpreted cautiously. Additional research with a longitudinal design and research investigating content as well as sources of information are needed. 11 references.

81-1090

Nutritional Knowledge and Health Goals of Young Spouses.

Yetley, E. A. and Roderuck, C.

Journal of the American Dietetic Association 77(1):31-41, July 1980.

The first stage of a theoretical adoption model (how individuals respond to stimuli and decide to apply their knowledge in a specific situation) was used to study decision making relevant to the food practices of 116 couples. Included in the study were families with (1) a mother not more than 35 years old, (2) at least one child living in the home, and (3) both parents residing in the home. Spouses were interviewed simultaneously and separately in their homes, and instruments were developed to evaluate each couple's social class level, orientation toward mastery (control of one's fate), nutrition knowledge, and goal orientation (health, social, and economic). Factor analysis was used to check construct validity of theoretical goal orientations and to develop a composite health-goal scale. Pearson product-moment correlation coefficients were obtained to show associations among variables. Finally, the theoretical model was evaluated using a path model (scheme explicitly stating variable relationships). Results of these analyses indicated that (1) wives' mastery-value orientation was positively related to nutritional knowledge; (2) husbands ranked the importance of health and dietary goals lower than the wives did; (3) nutritional knowledge and the importance of health and dietary goals were negatively associated for husbands, but positively associated for wives; and (4) though nutritional facts were probably obtained independently by husbands and wives, goals may have been influenced by family interaction patterns. The path analysis provided rigorous evaluation of the data. By making explicit assumed relationships among variables, future research can be designed so that those relationships can be tested directly rather than inferred from cross-sectional data. 41 references.

RISK REDUCTION

81-1091

Primary Socialisation and Smoking.

Baric, L.

London, England, Health Education Council. Monograph Series, 74 p., 1979.

As one component of three studies carried out in England, 224 mothers with children under 5 years old were studied to investigate the transmission of smoking norms to very young children and the children's awareness of, experimentation with, and exposure to smoking. After a preliminary survey to determine the information that could be gathered from the subjects, a stratified sample of mothers giving birth between 1972 and 1976 was developed. Of the 310 mothers in the sample, 224 were contacted and interviewed by professional interviewers. The structured interviews included closed and open-ended questions. Questionnaire data indicated that (1) the first year of a child's life is the most sensitive period as far as awareness of habits, acquisition of manipulative skills, and imitation and modeling; (2) few parents who smoke are willing to refrain from smoking to provide positive role models for their children; (3) mothers do not seem to understand the mechanism of primary socialization; and (4) both statistical and social norms can influence the behavior of mothers. Rather than ban smoking to create a social norm, it may be sufficient to create a perception of shared expectations about nonsmoking, thereby creating an effective statistical norm. Data on frequency distribution, tabulated data, and a discussion of primary socialization are appended. 19 references.

81-1092

Progress in Reducing Adolescent Smoking (Editorial).

Fisher, E. B.

American Journal of Public Health 70(7):678-679, July 1980.

Several recent studies indicate that smoking among adolescents and teenagers can be reduced. Numerous controlled studies have reported significant decreases in smoking levels among adolescents participating in experiments designed to promote reduction or cessation of smoking. The successful programs have emphasized a positive approach to health, used peer counselors frequently, and refrained from using guilt or fear as tactics. Research in the future should concentrate on analyses of critical components and of the settings that may mediate their effects. Long-term evaluative designs will provide researchers with definitive evidence about the efficacy of smoking programs. In addition to examining the use of peer educators and counselors, future research should focus on programs emphasizing the immediate physiological effects of smoking. 10 references.

81-1093

Use of Health Education and Attempted Dietary Change to Modify Atherosclerotic Risk Factors: A Controlled Trial.

Goldberg, S. J.; Allen, H. D.; Friedman, G.; Meredith, K.; Tymrack, M.; and Owen, A. Y.

American Journal of Clinical Nutrition 33(6):1272-1278, June 1980.

A study was conducted in two Phoenix, Arizona, elementary schools to determine whether nutrition education on atherosclerotic risk factors would cause schoolchildren to alter their diets to produce significant reductions in risk factor values as compared to a control group. Variables measured included knowledge, serum cholesterol, blood pressure, height, weight, and skinfold thickness. Teachers of students in the intervention group were trained by a nurse and physician consultants; the teachers then developed their own curriculum. Monthly newsletters were sent to parents. The diet of the intervention group was slightly altered by changing school cafeteria selections. At the end of 4 years, complete data were collected from 68 children in the intervention program and from 23 children in a control group from a different school. Although the intervention group registered significant knowledge gains, results showed no significant changes between groups for the other variables, and no changes in the preintervention values (except knowledge) for the intervention population. Results suggest that, although cognitive testing proved the education effective, the method used was ineffective in reducing atherosclerotic risk factors. 14 references.

81-1094

Weight Loss Program in a Student Health Service.

Hidalgo, S. M.

Journal of the American College Health Association 29(2):84-85, October 1980.

A study involving 33 overweight students enrolled at Georgetown University in Washington, D.C., assessed the efficacy of a group weight-loss program employing behavior modification techniques. The nurse practitioner at the student health service organized one group of 16 students in the fall semester and one group of 17 students in the spring semester. Each group met for 1 hour per week for 13 weeks. Women were placed on a 1,000-calorie diet and men on a 1,500-calorie diet. Each diet was supplemented by vitamins. During the meetings, the subjects discussed and planned the use of behavioral techniques to prevent overeating. The program was completed by eight participants in the first group and seven participants in the second group. Six of the students from the first group were contacted during a 6-month followup period and three students were contacted during a 10-month followup period. All students had reached and maintained their desired weight. These results demonstrate that the nurse practitioner can play a vital role in encouraging personal responsibility for health. 5 references.

81-1095

Overnutrition and Obesity.

Lloyd, J. K. and Wolff, O. H.

In: Prevention in Childhood of Health Problems in Adult Life. Falkner, F., ed. Geneva, Switzerland, World Health Organization, p. 53-70, 1980.

Obesity measurement methods, the prevalence and prognosis of obesity by age group, and the etiology of obesity are reviewed as a background for an investigation of preventive measures. Means of measuring obesity include simple inspection and assessment of weight, skinfold thickness, upper arm circumference, and body fat. Etiological considerations related to obesity include genetic, familial, socioeconomic, and emotional factors as well as factors related to energy intake and output. Endocrine and metabolic disorders are rarely causal factors in the development of obesity. Since 33 percent of adult obesity originates in childhood or adolescence, and since obesity in children tends to persist into adult life, prevention during childhood is important. To avoid fetal overnutrition, pregnant women should be instructed to avoid overeating. Maintenance of weight charts helps prevent the overfeeding of infants. Nutrition education should begin early in life and include consideration of social and cultural influences. Physicians and nurses should take part in the nutrition instruction of parents with small children. 84 references.

81-1096

Use of the Adolescent Peer Group to Increase the Self-Care Agency of Adolescent Alcohol Abusers.

Michael, M. M. and Sewall, K. S.

Nursing Clinics of North America 15(1):157-176, March 1980.

Nurses can successfully implement reality therapy (a treatment that leads clients toward dealing with problems in the real world) in adolescent peer groups to enhance adolescents' self-care abilities and to enable them to resist influences that lead to alcohol abuse. One of the developmental tasks confronting the teenager midway through adolescence is admittance to a peer group. If the adolescent has not accomplished the formation of a stable ego, the peer group often becomes a focal point for alcohol abuse. To ensure proper adjustment to the peer group, the nurse can implement some form of reality therapy to help form a sense of responsible behavior and a sense of right and wrong. In addition, the nurse or therapist must establish a caring relationship with the peer group, identify group behavior associated with alcohol intake, stimulate the group into making a decision regarding drinking, provide assistance to help the group modify the drinking behavior of its members, establish contracts for implementing the plan, and maintain contact with the group. Experiences with the formation and development of an open-ended group of 11 adolescents, 14-20 years old, at an alcohol treatment unit demonstrated that the nurse can be effective in facilitating group dynamics that lead to prevention of further alcohol abuse. 10 references.

81-1097

Reducing Health Risks Through Peer Health Education: A Preliminary Report.

Nagelberg, D. B.; Hodge, J. M.; and Ketzer, J. M.

Journal of the American College Health Association 28(4):234-235, February 1980.

The student health service of Bowling Green (Ohio) State University, has recently initiated the Health Risk Reduction Program to promote student health by increasing self-awareness and personal responsibility for health. The traditional pre-enrollment physical examination has been replaced by a self-reported medical health inventory called the Database Acquisition for Student Health. Data from the inventory is analyzed and students receive a health risk index outlining their health status. Peer health educators, who are selected from groups of upper class or graduate students, counsel the students. Faculty and staff members in the health, nutrition, health and physical education, psychology, social work, and education fields select the paraprofessional peer educators. The candidate educators attend a 10-week course, during which a psychologist and an educator instruct them in health content areas, process skills, and practicum training topics. The potential peer educators also view and evaluate videotaped interviews with students. Each educator interviews four to five freshmen each week. Approximately 300 freshmen are interviewed each academic quarter. A survey of 108 freshmen who met with a peer educator during 1979 and 100 freshmen who received their inventory results through the mail indicated that student attitudes toward the educators are favorable and that the educators clarified students perceptions of inventory results. 7 references.

81-1098

Obesity: Prevention Is Easier Than Cure.

Overfield, T.

Nurse Practitioner 5(5):25-26, 33, 62, September-October 1980.

A review of research on the causes of obesity and the characteristics of obese individuals indicates specific prevention and intervention measures that nurses can incorporate into counseling. Findings with significant implications include the differential occurrence of obesity according to socioeconomic status, sex, age, genetic and familial tendencies, and critical periods in the growth process; the role of nutrition during the various stages of pregnancy and early development in determining lifelong weight patterns in offspring; and the adipose cell theory regarding the critical influence of early nutrition on the number and size of fat cells. When counseling individuals, nurses should distinguish between childhood- and adolescent-onset obesity on the one hand and adult-onset obesity on the other. They should also be aware that reduction of caloric intake and an increase in exercise are the two best methods for weight loss and the maintenance of weight loss, and that exercise is more effective than an equivalent reduction in dietary calories. Nurse-counselors should (1) make parents aware of the consequences of overfeeding their children; (2) include dietary counseling as an integral part of prenatal care; (3) consider the age of obesity onset and the client's social class, while making the causes of obesity known to all parents; and (4) encourage mildly overweight adults to increase their exercise to avoid health problems in later years. 17 references.

81-1099

Changing the Cardiovascular Risk in a Community: The North Karelia Project.

Puska, R.; Koskela, K.; Salonen, J. T.; and Tuomilehto, J.

Health Education (Ottawa) 18(3):7-8, 13, October 1979.

A 1971 petition from the local population of North Karelia, Finland, asking for national assistance to reduce the high mortality rate due to cardiovascular disease (CVD) in that county resulted in the initiation of the North Karelia project in 1972. The project was to consist of a systematic, comprehensive community program to control CVD. The 1972 base-line survey of 12,500 of the county's 180,000 people found that the population was characterized by numerous risk factors associated with CVD. The subsequent community intervention strategy involved components to provide information to the public, integrate CVD prevention tasks within existing services, train personnel to provide prevention services, provide environmental services to support desired lifestyle changes, and implement internal information services. The cost-effectiveness evaluation scheme allowed assessment of the changes in risk factors brought about by the program among the middle-aged population and assessment of the resulting changes in mortality and morbidity. Evaluation methods included maintenance of a CVD register, compilation of hospital data on CVD morbidity and mortality, and implementation of representative population surveys. At the end of a 5-year period, a survey of 12,000 persons and a review of other statistics indicated that the program was significantly reducing risk levels and incidence of CVD in the county. The program has been expanded to include other age groups, and further followup studies are planned. 2 references.

81-1100

Prevention in Childhood of Major Cardiovascular Diseases of Adults.

Strasser, T.

In: Prevention in Childhood of Health Problems in Adult Life. Falkner, F., ed. Geneva, Switzerland, World Health Organization, p. 71-85, 1980.

A review of the literature on childhood intervention programs to reduce risk factors associated with cardiovascular diseases identifies strategies aimed at preventing rheumatic diseases, hypertension, ischemic heart disease and stroke, and cardiovascular diseases related to smoking. Primary prevention of rheumatic fever is based on the detection and treatment of streptococcus (group A) throat infections. This step involves bacteriological or clinical surveillance of school classes and other closed communities of children. Such an intervention is particularly crucial in developing countries, where rates of rheumatic fever are high. Primary prevention of hypertension involves screening obese children and children whose parents are affected by hypertension, "tracking" the blood pressures of as many children as possible, screening children for chronic urinary infections, and implementing programs to reduce risk factors associated with hypertension. Risk factor assessment and lifestyle interventions are also the major strategies in prevention of ischemic heart disease. Smoking education interventions in early childhood seem to be the most effective method for preventing cigarette smoking among adolescents. 52 references.

81P-1101

Alcohol Education Project (AEP).

Eckert, P. S.

Southern Illinois University at Carbondale, Student Wellness Resource Center, College View Dorm, 408 W. Mill, Room 13, Carbondale, IL 62901

Funding Source: Illinois State Dept. of Mental Health and Developmental Disabilities, Chicago. Div. of Alcoholism.

August 1978 - Continuing.

The Alcohol Education Project (AEP) of the Student Wellness Resource Center at Southern Illinois University at Carbondale was established to promote a campus environment that discourages irresponsible alcohol use. Services, which are provided by professionals and trained peer educators, include (1) educational sessions on such topics as alternatives to alcohol, and myths and fallacies about alcohol and drinking; (2) training workshops for residential hall staff and health professionals; (3) media and informational campaigns utilizing radio, television, papers, posters, and pamphlets; (4) a resource library; and (5) referral services for individuals or families experiencing problems with alcohol. AEP participates in the replication of a college alcohol abuse prevention model, a project initiated by the National Institute on Alcohol Abuse and Alcoholism. Southern Illinois University is one of five universities in the United States currently field-testing the model. The model's intensive educational and nonthreatening approach helps small groups of students examine their own alcohol use and attitudes. More than 100 single group sessions have been held during AEP's first 2 years, reaching over 2,700 students out of a total population of 22,000. The program cooperates with the student health program, university housing, and the student center. Synergy, a nonprofit community agency, is contracted to provide peer counseling and crisis intervention services. Evaluation procedures began with an informal needs assessment. A consumer survey involving a random sample of 1,000 graduate and undergraduate students is conducted annually to elicit their drinking behavior and attitudes. Participants in all programs complete evaluation forms, and the skills of peer educators are assessed before and after training.

81P-1102

California Prevention Demonstration Program: "Winners."

California State Dept. of Alcohol and Drug Programs, 111 Capitol Mall, Sacramento, CA 95814

March 1977 - December 1980.

The California Prevention Demonstration Program, or "Winners," is a 3-year primary prevention effort designed to prevent individuals from developing drinking behavior that is detrimental to their health; causes family, social, or economic problems; or creates a financial burden for the government. The program develops and disseminates messages for television, radio, and billboards; curricula and classroom materials; and materials for community activities. Materials developed include posters, slide-tape presentations, handbills, and flyers. The overall population of three communities, one of which served as a control, were targeted. The primary community received both media efforts and community organization efforts; the secondary community received only media messages. Individual media and community presentations were aimed at specific subgroups, such as young men, women 25 to 40 years old, teenagers, parents of teenagers, and minorities. The community component of the program worked closely with the Ganadores Project, a similar program geared to the Spanish-speaking community. The program established contracts with Pacificon Productions for media development and dissemination, the Alcohol Abuse Prevention Program for community organization and development, and the Social Research Group of the School of Public Health of the University of California for evaluation. Evaluation efforts consisted of collecting social indicator data about alcohol-related problems, conducting ethnographic studies, and conducting general population sample surveys. Survey results indicated that (1) awareness of alcohol-related messages and knowledge about alcohol consumption increased; (2) recognition and understanding of program themes and messages was widespread; and (3) there were no changes in attitudes toward drinking or drinking behavior. The program had an annual budget of $850,000.

81P-1103
Heart to Heart.
Deatrick, D. A.
Maine Department of Human Services, Office of Dental Health, State House, Augusta, ME 04333
Continuing.

The Heart to Heart adult education course attempts to improve the cardiovascular awareness and fitness of participants. The 6-week course consists of six 2-hour modules dealing with the risk factor theory of heart disease. Topics include anatomy and physiology of the circulatory system, diet, exercise, smoking, stress, and cardiopulmonary resuscitation. A team of almost 20 volunteers and the course coordinator attend two planning meetings prior to course initiation, and a followup meeting is held a week after completion of the course. Team members for each module prepare a lesson plan and identify specific educational materials to be used. Once the guidelines are completely refined, the course will be used in educational efforts throughout Maine. The staff includes three health educators, seven physicians, a yoga instructor, the director of the Department of Human Services, the director of the Maine Lung Association, a physical education instructor, a physical therapist, and an occupational therapist. Course coordinators include a registered nurse, a staff member in the Office of Dental Health of the Department of Human Services, the director of program development for the Maine affiliate of the American Heart Association, and the coordinator of community health services of the Augusta General Hospital. Evaluation is conducted via pre- and postprogram tests, a background risk assessment, a patient history questionnaire, and a course evaluation form. Faculty staff assess program strengths and weaknesses in coordination, promotion, and course structure. Tabulations of evaluation results are available.

81P-1104
HELP (Health Evaluation and Longevity Planning) Foundation.
Friedman, G. M. 7300 4th Street, Scottsdale, AZ 85251
July 1975 - Continuing.

The HELP (Health Evaluation and Longevity Planning) Foundation was founded to develop a health improvement system for use by businesses in the Scottsdale, Arizona, community, based on a needs assessment or a health examination process. The foundation is a private, nonprofit corporation whose program involves risk factor screening for each participating employee's family, discussion of screening data with the family, implementation of a personalized educational intervention program for each family member, provision of family counseling services aimed at reducing risk factors, and initiation of evening and lunch-hour education and exercise programs. Employers receive group analyses, but no information on any individual employee. The foundation produces numerous pieces of literature to support its activities. A selected list of HELP clients includes 95 corporations, university faculty associations, public agencies, colleges, nonprofit organizations, hospitals, civic groups, church groups, school districts, and other organizations and agencies.

81P-1105
Personal Health Appraisal Program.
Rosenberg, R.
Institute for Personal Health, 2100 M Street, N. W., Suite 316, Washington, DC 20037
Continuing.

The Personal Health Appraisal Program informs individuals about their personal health status and lifestyle risk factors in order to prompt lifestyle changes that enhance health and wellness. The program is operated by the Institute for Personal Health, a private, nonprofit organization of health professionals engaged in programs for health improvement and research. For a nominal fee, a health status appraisal questionnaire is administered to applicants by mail. Returned questionnaires are evaluated through a complex computation process that compares each applicant's data with national standards and other scientific data. The applicant receives a confidential, 46-page personal health appraisal report by mail. The report provides the applicant with a thorough assessment of personal health status. Seminars and courses are offered to support people making the recommended behavioral changes.

81P-1106
Physical Fitness-Heart Disease Intervention Program.
Bjurstrom, L. A.
New York State Education Department, Room 171 EBA, Albany, NY 12234
1972 - Continuing.

The Physical Fitness-Heart Disease Intervention Program promotes cardiovascular health and fitness among New York State Department of Education employees, who are generally confined to a sedentary work environment. The focus of the program is a 15-week primary behavior and lifestyle modification program consisting of a progressive, physical conditioning regimen requiring 75-minute workouts for 3 days each week. The physical conditioning program is complemented by eight 60-minute health and wellness promotion seminars. A continuing secondary intervention program reinforces previously incorporated lifestyle modifications and provides for further behavior modification. Before entering the program, each participant receives a thorough physical examination and is administered a questionnaire that assesses family history and health-related lifestyle habits. The program is available to employees for a $50 entrance fee, with a yearly renewal charge of $30. During its first 5 years, the program had 800 participants, or 33 percent of the departmental staff. Records are kept on rates of participant adherence to the program, levels of employee sick leave, and participant risk factor modifications estimated via the Michigan Heart Association Risk Factor Estimator. Analysis of these records has indicated that (1) primary program retention improved from a 75 percent rate to an 86 percent rate by the program's sixth session; (2) the retention rate had slipped to 25 percent by the fifth program year; (3) the average sick leave taken by participants dropped significantly after entry into the program; (4) the mean sick leave of participants was lower than the mean for all other State employees; and (5) participants experienced significant reductions in risk factor indices.

81P-1107
Project Life.
McAuliffe, J. A.
Sauk Prairie Memorial Hospital, 80 First Street, Prairie Du Sac, WI 53578
Continuing.

Project Life is a community health promotion program designed to improve nutrition and initiate lifetime exercise programs among participants. The program offers an eight-session weekly course for approximately 30 people that includes sessions on lifestyle risk factors, exercise, nutrition, smoking, stress, health monitoring and screening, and alcohol and drug abuse. Each 60- to 90-minute session includes a question-and-answer period, a film, a discussion of issues raised in the film or in handouts, a flexibility exercise period, and a 30-minute group exercise period. Pulmonary lung function, blood pressure, height and weight, blood cholesterol, and high density lipoprotein are measured. These tests are administered at the beginning of the program and 3, 6, and 12 months later. Participants with two or more risk factors are referred to their personal physician to determine further testing requirements. The program was first implemented in Sauk Prairie, Wisconsin, a two-community district with a total population of 5,000 and a hospital with a service population of 20,000 people. The course, retesting evaluations, and followup assessments are offered at $300 per participant.

81P-1108
Project PRIDE (Positive Results in Drug Education).
Rosenwald, P. R.
Association for Jewish Children, 1301 Spencer St., Philadelphia, PA 19141
Funding Source: Coordinating Office for Drug and Alcohol Abuse Programs for the City of Philadelphia, Pa.
1970 - Continuing.

Project PRIDE (Positive Results in Drug Education), a primary drug abuse prevention program, was developed in 1969 to help fifth, sixth, and seventh grade students examine factors that underlie their drug problems, such as decision making, peer pressure, self-respect, and human relationships. Small group counseling sessions are used and run for 12 weeks. Each session has 11 students and is led by a prevention specialist. The environment of the group is structured, but the content of the sessions is open. Methods used include open discussion, nonverbal group techniques, and values clarification strategies. Focal areas in the discussions include self-esteem, peer influence, relationships with adults, and decision making. Small parent groups are conducted concurrently. The program also works individually with teachers to impart counseling skills and works with groups of teachers during formal inservice courses to help them develop a humanistic and holistic approach to drug abuse prevention in the classroom. Program staff are available for process consultations with school personnel, and a community-based program provides small group education and training programs for neighborhood groups. The target group includes children, parents, teachers, and other professionals and community members. Workshop participants complete evaluative questionnaires.

81P-1109
Volunteer Resource Development Program.
Halford, R. Y. and Reduka, G. G.
Georgia Citizens Council on Alcoholism, Inc., 2045 Peachtree Road, N.E., Suite 320, Atlanta, GA 30309
Funding Source: National Inst. on Alcohol Abuse and Alcoholism (DHHS, ADAMHA), Rockville, Md.
October 1978 - Continuing.

The Volunteer Resource Development Program (VRDP) is designed to prevent alcoholism in Georgia through early intervention strategies, education, and treatment of alcoholics. The program is administered by the Georgia Citizens Council on Alcoholism, a statewide, private, nonprofit corporation. VRDP assesses the community's most urgent needs in the area of alcoholism and alcohol abuse and involves volunteers in responding to these needs. Depending on the community, these responses can include education and prevention programs, advocacy for the Uniform Act (legislation securing funding for 28-day residential care facilities for alcoholics), volunteer assistance for treatment centers, and miscellaneous activities such as sponsorship of volunteer training workshops and publication and distribution of literature on alcoholism. The population of Georgia is the target audience. The estimated cost of the project is $120,000, and funding is provided by Federal health grants.

SCHOOL HEALTH EDUCATION

81-1110
Innovative First Aid and Safety Instruction.
Burckes, M. E.
Health Education 11(4):23-24, July-August 1980.

When teaching first aid in the classroom, four objectives should be emphasized: knowledge of the material; a mastery of skills that will be used in the future; attitudinal change; and an understanding of controversial topics. Effective ways to teach first aid include lectures, textbook assignments, audiovisual aids, and skills practice. Possible student projects include constructing posters, bulletin boards, or charts on specific topics; drawing fire escape routes; demonstrating the use of fire extinguishers; and constructing a scrapbook of common accidents and their prevention. Simulated accidents allow students to practice bandaging and splinting skills. In addition, mouth-to-mouth resuscitation, water safety, emergency rescue and transportation, and bleeding control should be examined. Guest speakers, including police and ambulance attendants, persons working in emergency centers, and medical professionals who can explain emergency childbirth or pet first aid, can provide an understanding of available emergency medical services. A list of free films is provided.

81-1111
The School Health Curriculum Project.
Bureau of Health Education (DHHS, CDC), Atlanta, Ga.
Atlanta, Ga., Centers for Disease Control, Center for Health Promotion and Education (HHS Publication No. (CDC)80-8359), 52 p., December 1977, reprinted July 1980.

An overview is provided of the School Health Curriculum Project (SHCP), written through the cooperative effort of the Bureau of Health Education and the National Heart, Lung, and Blood Institute of the National Institutes of Health. Topics include the relationship between health behavior and health education; SHCP systems and education; appreciation and understanding of the body as the subject matter of SHCP; structure and function of SHCP; teacher-training programs associated with SHCP; initiation, maintenance, and extension of SHCP; and evaluation of the benefits of SHCP.

81-1112
Death Education: Accountability Through Scholarly Inquiry.
Crase, D.
Journal of the American College Health Association

27(5):257-260, April 1979.

Expansion of death education, which has been attracting an increasing number of professionals, should be accompanied by a careful delineation of course objectives, teaching strategies, and assessment techniques. Existing research in the field is limited in scope and usually suffers from small sample populations, inadequate instrumentation, and methodological flaws. Current research has focused on degrees of attitude change among students who have completed a course in death education. While the results of these studies reflect some degree of variance, they suggest that instructional units have an impact on students' behaviors. Formal instruction seems to alleviate anxiety among students about discussing suicide, euthanasia, funerals, and other death-related topics. Research conclusions are less definite about students' abilities to deal with fear concerning their own deaths or the management of personal losses. Future research should also investigate the long-term effects of thanatology courses and the effect of inadequate teaching of such courses. Thanatologists must strive for more accountability through the process of scholarly inquiry in order to make death education a lasting and useful concept in education. 31 references.

81-1113

The Role of the Pediatrician in the Adolescent's School.

Duke, P. M.

Pediatric Clinics of North America 27(1):163-171, February 1980.

A review of current methods and new modes of pediatrician involvement in the school is presented. Two basic school health models are (1) the interpretive medical service model, in which pediatricians consult educators about individual students and overall student health, including the issues of students with special needs, health policy, and sports medicine; and (2) the direct medical service model, in which health care is delivered to schools which lack adequate medical care for adolescents. In some direct service programs, pediatricians provide direct care within the schools, while in other programs the pediatrician acts as a consultant in the training of nurse practitioners and provides continual assistance in the diagnosis and followup of patients. The role of educators, peers, parents, and pediatricians is discussed relative to the potential sources of health education available to adolescents, the pediatrician's interaction with these sources, and adolescent learning methods. 43 references.

81-1114

Peanut Butter and Pickles: A Nutrition Program for Pint-Size People.

Ehlert, J.; Johnson, J.; and Caughey, C.

Eureka, Calif., Department of General Education-Nutrition, Humboldt County Office of Education, 407 p., 1979.

Guidelines and lesson plans are provided for a comprehensive nutrition education curriculum for students in grades 1-6 at rural schools. The curriculum includes games, activities, recipes, and activity sheets. The curriculum emphasizes the use of available materials for lesson enrichment. Its three major components are the lesson plans and activities for students, teacher guidelines to introduce the educator to nutrition education teaching techniques, and "nutrition action packs" for use by parents and children. The lesson plans cover food choices, factors that influence food choices, ways of handling food, careers in food and nutrition, and consumerism. Supporting materials include the activity sheets, bulletin boards and other visual aids, puppet shows, games, and materials such as newsletters to encourage parental involvement.

81-1115

Consumer Impact of a Cold Self-Care Center in a Prepaid Ambulatory Care Setting.

Estabrook, B.

Medical Care 17(11):1139-1145, November 1979.

The Cold Self-Care Center was developed at the University of Massachusetts in Amherst as an alternative to professional care and to encourage more active consumer involvement in medical self-care. The center provides patients with criteria for seeking professional help for the common cold, emphasizes the limited nature of the illness, and recommends home remedies and over-the-counter medications. A sample of the user population was compared with a random sample of nonusers, and the program was evaluated for cost, consumer satisfaction, and impact on behavior, knowledge, and attitudes. Center users demonstrated higher knowledge levels about cold care, indicated more dependency on professional resources, and differed in health-related attitudes and cold-care behavior when compared to nonusers. Knowledge of criteria for seeking professional care was greater in nonusers; of the 20 percent of the center users who sought professional care, only 6 percent anticipated seeking professional care for future colds. Satisfaction with the program was high, with speed and ease of use cited most often as reasons for satisfaction. The center also had a favorable impact on campus clinic costs. The findings are discussed as they relate to broader issues of health care delivery. 8 references.

81-1116

Occupational Health Education in the Schools.

Feldman, R. H. L.

Journal of School Health 50(7):428, September 1980.

Attention has focused on the safety and health of American workers since the passage of the Occupational Safety and Health Act in 1970; the topic should also be emphasized in the classroom. By incorporating occupational health in the school health curriculum, students with specific health concerns can evaluate health and safety risks when choosing an occupation. In developing such a program, emphasis should be placed on risk assessment analysis. Case study descriptions of individuals who have had work-related injuries or have contracted occupational illnesses, combined with information on occupational safety and health statistics, would be more effective in increasing student awareness of occupational risks than health and safety statistics alone. 5 references.

81-1117

Comprehensive Health Education Management Model.

Florida State Dept. of Education, Tallahassee.

Atlanta, Ga., U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, 81 p., September 1980.

The Florida Comprehensive Health Education Management Model promotes a multifaceted approach to uniting State health and State education resources to improve comprehensive school health education in grades K-12. It has resulted from a 10-year joint effort headed by the Florida Department of Education and a contract with the Bureau of Health Education. The model can help health education managers in other States (1) utilize their official, professional, and voluntary health and educational resources to improve health education, and (2) promote health education as an integral component of a State's health and education plans. In Florida, health education categorical funding is allocated according to student population and designated specifically for salaries of district health coordinators, inservice training, curriculum design, testing of innovative health education concepts through pilot projects, development or acquisition of instructional materials, technical assistance, and monitoring and evaluation. This funding allocation encourages local school districts to replace fragmented health teaching with sequentially planned comprehensive health instruction throughout a student's education. The model is based on five major management functions that must operate at the State, regional, district, school, and classroom level, namely, advocacy, clearinghouse, coordination, evaluation, and innovation. Key aspects of the program are a permanent advisory and technical assistance structure at the State, regional, and local levels; instructional programs developed by local school districts; and collaboration with community agencies and resources.

81-1118

Comprehensive Health Education in New Mexico Public Schools; A Community Action "Manual," 1978-1980.

Grace, H.

Atlanta, Ga., Centers for Disease Control, Center for Health Promotion and Education, 33 p., September 1980.

The Comprehensive Health Education (CHEd) program in New Mexico provides a comprehensive, sequential health education curriculum for public school students and coordinates health instruction with health services. The priority targets for CHEd programming are heart disease, accidents, and dental and periodontal disease. The State Board of Education has included CHEd programming in its Minimum Educational Standards. Still, local support is needed to ensure the introduction of CHEd programming in all 88 school districts in the State. At a minimum, CHEd programming should be used for nutrition; human growth; family health; health maintenance; consumer health; environmental health; community health; and mental, emotional, and social health. The Community Health Council represents an effective means of organizing CHEd integration into school districts. The Council should inform itself concerning CHEd, determine the extent of health education programs in local schools, conduct a needs assessment, develop a Council statement on CHEd, approach school boards formally to request that CHEd be implemented in district schools, and work with school personnel to formulate an implementation plan. State legislation and synopses of pilot projects are appended. 3 references.

81-1119

A Dental Health Program for Fifth Graders: Results After Three Months.

Huntley, D. E.

Dental Hygiene 53(8):380-382, August 1979.

A 2-week dental health education program for 125 fifth graders at the Goddard Middle School in Wichita, Kansas, was evaluated 3 months after the program ended. The program was coordinated by the school nurse and taught by the nurse and senior dental hygiene students. It used films and included lessons on brushing, flossing, replacing missing teeth, using fluoride, and dealing with malocclusion. The level of plaque on each student's teeth was measured periodically during the program and at the time of the evaluation. The number of students who had removed all plaque from their teeth increased during the program and did not decline significantly after 3 months. The instructors and students were generally enthusiastic about the program. 23 references.

81-1120
Child Development and Health Education.
Kegan, R.
National Elementary Principal 57(3):91-95, March 1978.

A health education curriculum for children and adolescents may be tailored to the information needs of children at different age and developmental levels as expressed through the questions they ask about health. Piaget's theories provide the basis for understanding how the developing child continuously organizes a regular sequence of realities in which to live. Curriculum development should be an effort to join an activity that is natural to the learner and independent of formal education. The different perceptions between children in various grades are not primarily differences in the amount of their information or knowledge, but a reflection of different realities and self-constructed philosophies of life. A health education curriculum will not be a positive experience if it is imposed arbitrarily from the outside; rather, it should address the issues intrinsic to a child's worldview and adjust to the different ways that children view themselves and make meaning of the world at various points in their development. The progressive levels of children's cognitive, social, and interpersonal development are discussed.

81-1121
A Health "Happen-In Booth" in the Campus Center.
Parker, D. F.
Journal of the American College Health Association 28(6):359, June 1980.

The Student Health Services Center at Houghton College, New York, organized a county-wide health fair that resulted in the establishment of a monthly minifair in the form of a Health Happen-In Booth. The booth is set up in the campus center lounge and emphasizes a different aspect of health education each month. The exhibits, staffed by various medical and health education professionals, have increased awareness of health issues and use of the Student Health Services Center.

81-1122
Turning the Tide of Teenage Smoking.
Piper, G. W.
Canadian Journal of Public Health (Ottawa) 71(3):161-162, May-June 1980.

Surveys implemented since 1969 have described the smoking habits of eighth grade students in the Saskatoon Rural Health Region of Canada. The most recent survey, implemented in October 1979, involved 418 boys and 389 girls. Though the number of regular and occasional smokers increased from 1969 to 1973, the numbers decreased between 1973 and 1978 for occasional and regular smoking among boys and for regular smoking among girls. Hence, the trend toward early smoking among adolescents that characterized the early 1970's appears to have reversed. This is most likely the result of smoking education provided to these students in earlier grades and would explain the time lag between the beginning of antismoking education in Canada (in the form of the 1966 Health and Welfare Department's Smoking and Health program) and the decline in smoking among adolescents. 4 references.

81-1123
Health and Science Education: A Natural Partnership (Between Consenting Curricula).
Raw, I. and Rockwell, P.
National Elementary Principal 57(3):85-90, March 1978.

A comprehensive health curriculum for elementary and middle schools should link health and science courses. Most health and science courses are overly concerned with transmitting information in the form of terms and definitions, and the material learned never becomes an integral part of the students' behavior. An effective educational resource which integrates these disciplines and promotes direct student involvement in the learning process is the Elementary Science Study (ESS), which provides a range of projects designed to promote exploration of a topic by means of simple experiments performed with inexpensive materials. The open-ended projects demand observations that will lead to conclusions and further experiments. A number of science activities that can be integrated with learning about nutrition and other health concepts include growing mold and bacteria, using a microscope, raising flies and rats on various experimental diets, performing simple chemical analyses such as measuring the nutrients and caloric content of foods, and performing experiments that demonstrate the principles of probability as they relate to heredity. Formulating and planning new experiments and observing and critically evaluating the results can lead to the formation of a scientific attitude that cannot be acquired through lectures or other traditional methods of teaching. Ideally, it should help children become wise health care consumers who are able to make informed, decisions. 7 references.

81-1124
Death Education: Help or Hurt?
Rosenthall, N. R.
Clearing House 53(5):224-226, January 1980.

Teachers must prepare themselves adequately for death education to ensure that it is a helpful rather than a negative experience for students. Few teachers have knowledge or training in this area and most need to be made aware of the complexity of death education and the problems they may encounter during class sessions. While some death educators may be capable of both counseling and teaching, those who teach about death should learn when to refer students to other appropriately qualified individuals. Death educators should be able to demonstrate basic skills in listening and communicating about death and should be aware of their attitudes and beliefs about death. Several questions for teachers to ask themselves are provided in areas such as their personal feelings toward death, competency to teach the subject, controversial issues related to death, handling emotional reactions of students, classroom learning activities, and affective responses and communication skills. 13 references.

81-1125
Marijuana: Assessing the Cost.
Seffrin, J. R.
Science Teacher 47(4):29-32, April 1980.

The controversy surrounding marijuana use provides science teachers with an excellent opportunity to promote intelligent decision making and values clarification among students. All students should be encouraged to assess for themselves the risks and benefits of using any drug. Concerns about the possible harmful effects of marijuana include potential birth defects from chromosome breakage; brain damage; amotivational syndrome; psychosis; impaired sexual function from lowered testosterone levels in males; reduced immune response; and heart and lung impairment. A systematic review of studies on the possible injurious health effects of marijuana may inform students about the nature of current research and motivate them to follow future research results. When discussing an enlightened approach to decision making about marijuana, teachers should promote an understanding that (1) all environmental influences have an impact on people; (2) what happens later in life is related to decisions made during youth; and (3) what happens in the present and the future is often a matter of personal choice. Several studies on marijuana use are reviewed. 29 references.

81P-1126
Assemblies on the Medical Effects of Smoking.
Reif, A. E.
Boston City Hospital, Volunteers for Health Awareness,
818 Harrison Avenue, Boston MA 02118
September 1968 - Continuing.

Assemblies on the Medical Effects of Smoking, a volunteer effort of the Boston City Hospital and the Department of Pathology of the Boston University School of Medicine, was initiated to prevent the onset of smoking among junior high school students in the Boston metropolitan area. Presentations on the effects of cigarette smoking are given to groups of 100 to 350 adolescents 12 to 14 years old upon requests from area schools. Each presentation consists of a lecture illustrated with color slides, a brief film, and a discussion session. Between 4 and 12 weeks after an assembly, students are given a 24-item evaluation questionnaire to note their reaction to the assembly, their smoking habits prior to the assembly, and any changes that occurred in their smoking habits after the assembly. The sheet also elicits their reasons for beginning to smoke or for disliking smoking. Data from the sheets are coded onto computer cards. Analysis of over 4,500 cards indicated that 40 percent of the student smokers quit immediately after the assembly, but that 33 percent of the quitters were smoking again after 3 months.

81P-1127
Comprehensive School-Community Health Education Project.
Carlyon, P. and Burger, M.
National Congress of Parents and Teachers, 700 North Rush Street, Chicago, IL 60611
Funding Source: Bureau of Health Education (DHHS, CDC), Atlanta, Ga.
1975 - 1980.

The Comprehensive School-Community Health Education Project (CS-CHEP) has attempted to increase community awareness and understanding of health education needs and resources and to develop support for more effective health education in schools and in the general community. During the first 2 program years, pilot projects in six States (Arkansas, California, Colorado, Georgia, Indiana, and Pennsylvania) developed public awareness strategies promoting comprehensive health education. The pilot phase culminated in a national meeting in January 1978, attended by officers of all State parent-teacher associations and parent-teacher-student associations, along with representatives of national organizations. Nine States (Arkansas, California, Florida, Idaho, New Hampshire, New Mexico, New York, North Carolina, and Ohio) have been awarded funds from the current contract to address the need for school and community health education. Using community action models created during pilot projects, home, school, and community representatives are contacted through statewide task forces to assist in training, program development, and community awareness campaigns as well as implementation of community health education councils, regional conferences, and local workshops. The scope of the new projects includes childhood immunization, sex education, prevention of sexually transmitted diseases, smoking prevention or cessation, nutrition education, and alcohol education. Various States involved in the program have produced community action manuals, established comprehensive health education programs in State schools, implemented inservice training models for professionals, encouraged health systems agencies to incorporate health education into their programs, and obtained revenue-sharing funds from local governments. The CS-CHEP also includes the Student Health Education Forums. These forums involve youth in identifying and making recommendations on health-related matters to organizations that generally do not involve young people in policy and program decisions. The forums give youths throughout the country an opportunity to meet informally and express their concerns on health education issues, such as sexuality, alcohol use, and nutrition.

81P-1128

Health Education Resources Project.

Bowers, M. A.
New Zealand Department of Education, Government Building, Lambton Quay, Private Bag, Wellington, New Zealand
Continuing.

The Health Education Resources Project was implemented to reduce drug and alcohol abuse, promote nonsmoking, provide nutrition education, encourage exercise and aerobic fitness, improve cardiovascular fitness, and promote safety among all New Zealand schoolchildren. The program has 13 component projects including six drug projects, one alcohol project, two smoking projects, one nutrition project, one exercise and fitness project, one cardiovascular health project, and one safety project. The various projects have developed or are developing teaching kits, television spots, booklets, informational folders, guidelines for parents, filmstrips, posters, syllabi, games, role-playing scripts, and other materials for use in health education curricula. Each project has a specific target group, and at least one project is aimed at each student group in forms 1-7. Numerous health-related foundations and organizations and government agencies provide funding for the various components.

81P-1129

ME-ME Drug Prevention Education Program.

Kearney, A.
ME-ME, Inc., 400 South Linwood Avenue, Appleton, WI 54911
Funding Source: Department of Education, Washington, D.C. National Diffusion Network.
1970 - Continuing.

The ME-ME Drug Prevention Education Program is designed to improve the self-concept of students in grades 2-6, enhance their decision-making skills, provide them with information about drugs, and improve their attitudes toward the proper use of drugs. The program, offered by schools in 25 States, provides 1-day training, followup, and awareness sessions for elementary school teachers. The sessions include videotape presentations, lectures, and group activities. Program activities covered during the sessions can be incorporated into many curriculum areas. Schools that participate in the program must promise that their teachers will implement prescribed activities during no less than 30 hours of class time and that they will follow the evaluation requirements outlined for the program. Evaluation instruments include weekly and monthly log reports completed by teachers; self-concept tests for grades 1-6; and separate drug information, attitude, and decision-making tests for grades 2-6. A drug use survey, given before and after intervention, measures drug use behavior of fifth and sixth graders. An early evaluation of the program, which used various instruments to measure decision-making abilities, drug attitudes, and drug knowledge among 935 students who underwent program intervention and 449 control students, indicated that children in the intervention group experienced greater feelings of self-worth, enhanced decision-making skill, significantly increased knowledge levels, and improved attitudes toward drug use. As a result of this study, the U.S. Office of Education has recognized the program as a national model.

81P-1130

Oslo Youth Study.

Tell, G. S. and Vellar, O. D.
University of Oslo, Institute of Hygiene, Gydas vei 8, Oslo 3, Norway
Funding Source: Norwegian Cancer Society, Oslo.

February 1979 - June 1981.

The Oslo Youth Study was initiated in February 1979 to prevent the onset of smoking in 12- to 14-year-old students. Peer leaders, who are 2 to 3 years older than the subjects, are used in the classroom to teach means of resisting peer pressure. The pupils are asked to formally commit themselves to refrain from smoking. A questionnaire concerning health knowledge, attitudes, and habits, including smoking behavior, was used to collect base-line data from the target population in spring 1979, and was administered again in 1981 to evaluate the program. The survey design also includes measurements of serum lipids, hematological parameters, serum thiocyanate, blood pressure, height, weight, skinfold thickness, pubertal development, and indirect oxygen uptake. The base-line survey indicated an average daily smoking frequency of 4.2 percent, ranging from 0.7 percent for boys in the fifth grade (12 years old) to 8.6 percent for girls in the seventh grade (14 years old).

81P-1131
Preschool Health Education Program (PHEP).
Bruhn, J. G. and Parcel, G. S.
University of Texas Medical Branch, Galveston, TX 77550
Funding Source: National Inst. of Child Health and Human Development (DHHS, NIH), Bethesda, Md.
1979 - 1983.

The Preschool Health Education Program (PHEP) is a self-contained curriculum designed to develop positive health and safety behavior in preschool children. Based on a social learning theory of modeling and structured around age-appropriate behaviors, the curriculum has four themes: self-esteem, the body, self-responsibility for health care, and the benefits of good health. The six curriculum units cover self-awareness, physiological functions, physiological needs, factors inimical to good health, behaviors that prevent accidents and disease, and self-care behaviors. Each unit consists of a series of learning activities, which include a statement of purpose, step-by-step procedures, and reinforcement techniques. Two puppets serve as role models, and songs, poems, craft activities, role playing, and finger plays reinforce unit contents. A series of 24 activities has been developed to aid parents in providing educational activities for their children at home. The program assists in the formation of two parent groups and several other parent-involvement events. The parent questionnaire, an inventory of health values and behaviors, is administered each year to the same group of participating mothers. An initial interview is used as a base line from which to assess subsequent changes. At the end of each school year, the participating children, who are 4 years old, are interviewed to assess health locus of control, preferences for health and safety behaviors, and behavioral intentions regarding smoking. In addition, a short questionnaire is administered to the students' kindergarten teachers. Base-line information was collected during 1979 and 1980, and evaluation of the program as it affects a group of children as they grow from 3 to 5 years old will continue until 1983.

81P-1132
Quest.
Charlton, A.
Manchester Regional Committee for Cancer Education, Kinnaird Road, Manchester M20 901, England
Funding Source: Cancer Research Campaign, London (England).
Continuing.

"Quest" is a 135-page cancer education resources pack designed so that high school teachers can incorporate it into other course areas. The program's goal is to dispel myths associated with cancer. The lessons can be integrated into subject matter dealing with biology; general studies; mathematics; French; and environmental, social, or community studies. Pack components include a slide presentation, demographic data related to public health in a medium-sized industrial town, data on cancer incidence throughout the world, interpretation of quantitative data relating to cancer, and a translation exercise from a French-Canadian leaflet. The teacher may choose any or all parts of the pack. A study funded by the Cancer Research Campaign was undertaken to assess knowledge and fears of cancer held by British students and teachers. The findings of this survey provided the background for formation of the resource pack. The target audience consists of children in Great Britain, but the pack is available for international distribution.

SELF-CARE

81-1133
The Self-Care Revolution.
Ferguson, T.
American Pharmacy 20(6):12-15, June 1980.

Interest in self-care has increased rapidly in the last 5 years. The movement places strong emphasis on the role of social support networks, self-help groups, preventive medicine, wellness strategies, and self-care education by health and medical professionals, particularly pharmacists. The pharmacy is a focal point for self-care, not only through the presence of the pharmacist but also through the accessibility of diagnostic tools. Numerous tests, once available only through medical laboratories, are now provided over the counter. Other services offered by pharmacists include blood pressure screening, health education, distribution of self-care literature, discussion of medication records with patients, establishment of patient health information libraries, dissemination of information on self-care services in the community, sponsorship of self-care courses, educational presentations on local radio and television programs, and participation in local health fairs. Pharmacists can also model self-care behavior. 11 references.

81-1134

Self-Care: A Health Diary Study.

Freer, C. B.

Medical Care 18(8):853-861, August 1980.

A study of self-care practices in a random group of 26 women, 35-44 years old, who kept health diaries for 4 weeks, demonstrated that they practiced self-care on more than 80 percent of the days during which medical problems were present. Symptoms reported in order of frequency included emotional or psychological distress, fatigue, headache, backache, gastric upset, colds, menstruation problems, abdominal pain, sleep irregularities, general aches and pains, leg pains, skin problems, weight fluctuations, heart palpitations, sore mouth, bowel upset, neck pain, arm pain, dizziness, fever, allergy, eye complaints, and genital problems. In addition to self-medication and self-referral to health professionals, relatives, or friends, the women reported many nonmedical actions that were of therapeutic benefit. It seems that self-care, like illness, requires a holistic assessment of the complex interaction of social, psychological, and medical factors.

81-1135

Attitudes Toward Self-Care: A Consumer Study.

Green, K. E. and Moore, S. H.

Medical Care 18(8):872-877, August 1980.

Two hundred and forty-five families, who appeared to be overly dependent on professional medical care and who were enrolled in a prepaid insurance plan in central California were studied to determine (1) the reliability and validity of an attitude instrument designed to assess consumers' attitudes toward self-care and (2) the instrument's sensitivity to group differences. The Linn and Lewis attitude scale, constructed for use with a provider population, was revised and administered by telephone to families who had received interventions through provision of self-care books or through provision of monetary incentives to refrain from use of professional medical care. Families who received no such interventions constituted a control group. Application of factor analysis, one-way analysis of variance, and other statistical analyses to the survey results indicated that (1) the scale had an internal consistency of 0.65 (Cronbach's alpha); (2) five factors had eigenvalues greater than 1.0; and (3) the difference between experimental and control families in mean attitude scores, using perceived health as the independent variable, was not significant. In view of the scale's moderate reliability, it should be revised to provide a more sensitive discrimination of favorable attitudes toward self-care. 9 references.

81-1136

A Nursing Model for the Hospice: Primary and Self-Care Nursing.

Walborn, K. A.

Nursing Clinics of North America 15(1):205-217, March 1980.

The nurse should help ensure that patients under hospice care are provided the opportunity to maintain control over their lives. The hospice nursing system involves collection of social, cultural, religious, health, and psychological data; assessment of the data; formulation and implementation of a self-care plan; and evaluation of the plan's efficacy in relieving the self-care needs of the patient. Special characteristics that allow primary care nurses to implement a self-care model in a hospice include acceptance of the patient-family concept, effective functioning as a member of a multidisciplinary team, and recognition of others' needs as separate from one's own. The practice of primary nursing provides opportunities for provision of individualized care, continuity and consistency in nursing care within the patient care group, detailed knowledge about a group of patients versus superficial knowledge about all patients, and professional autonomy through the increased responsibility of planning and evaluation for all patients. The general goals of hospice care for the patients include control of physical symptoms; reduction of the sense of isolation; maintenance and control of decisions that influence treatments, care provided, and lifestyle preferences; and continued contact with families during the bereavement period. 5 references.

81P-1137
Health Activation Program.
Cohen, M. S.
Southern Illinois University at Carbondale, Student Wellness Resource Center, Kesnar Hall, Carbondale, IL 62901
1978 - Continuing.

The Health Activation Program (HAP) of the Student Wellness Resource Center at Southern Illinois University at Carbondale was established to provide information and support to students interested in taking greater responsibility for their health. Services include (1) a self-care resource room containing pamphlets, displays, and a lending library; (2) individual consultation for students seeking self-care information; (3) the Cold Comfort Center, providing self-assessment and self-care information for upper respiratory problems; (4) educational programs on self-care topics such as massage and women's health and nutrition; (5) a 4-week self-care course offered each semester; (6) the Student Wellness Outreach Program located in a residence hall and staffed by a nurse who is available to discuss students' health concerns, encourage self-treatment, and refer students to campus resources; (7) and a telephone health message system, which provides self-care information on common ailments, stress reduction techniques, and self-care resources located on campus. The program provides training opportunities for both graduate and undergraduate field placement, practicum, and internship students. Extensive use is made of the daily university newspaper and local radio stations to disseminate self-care information. The Student Wellness Resource Center serves a student population of 22,000. HAP maintains a contract with Synergy, a nonprofit community agency, to provide peer counseling.

81P-1138
Osteogenesis Imperfecta Foundation, Inc.
Geisman, G. 632 Center Street, Van Wert, OH 45891
1970 - Continuing.

The Osteogenesis Imperfecta Foundation was founded in April 1970 to enable parents of children affected with the disease (a genetic disorder characterized by extreme fragility of the bone) to share experiences and resolve mutual problems. The foundation, which is a private, nonprofit, self-help organization, disseminates information to afflicted families, physicians, and the public through brochures, articles, and a quarterly newsletter. A board of directors consisting mainly of parents and patients determines the policies of the organization. A medical advisory board advises directors on means of coping with the disease.

SEX EDUCATION

81-1139
A Principles Approach in Family Life Education.
Burr, W. R.; Jensen, M. R.; and Brady, L. G.
Family Coordinator 26(3):225-233, July 1977.

Recent developments in family life education have given rise to a principles approach to the subject matter. The principles approach emphasizes a set of three learning objectives or educational outcomes, namely, learning general principles, learning how to apply principles in specific situations, and learning skills to implement the principles in everyday life. The facilitating developments that allowed the emergence of the approach included publication of a large body of literature on the development and refinement of theories, improvement in the quality of theories about the family, improvement in the methodology of bridging research and practice, and movement by social scientists away from basic research and toward emphasis on practical policy development. Principles (1) contain two or more variables or factors, (2) contain a statement about how the two variables are related, (3) are law-like, (4) are sufficiently general or abstract to be relevant in a wide variety of specific situations, and (5) are universal. The principles approach is efficient, allows for value differences, provides information on consequences, bridges the gap between intellect and behavior, teaches a mode of organizing information, stimulates research, and allows itself to be adopted by many educational fields. The approach is limited by its inability to help students discover certain values, its deemphasis on descriptions of changes, its demanding intellectual requirements, and the tentative nature of social science principles.

81-1140
Build Sex Education Programs Without Tearing Apart the Community.
Thompson, M.
American School Board Journal 166(7):28-30, July 1979.

Guidelines for introducing sex education programming into schools at the local level are provided. Prior to initiation of a program, planners should determine parental needs and desires, allow 1 to 3 years for planning, formulate a detailed statement of program goals and activities, screen and train teaching staff with great care, and refrain from fostering unreasonable expectations about the program. The program should be optional and should be taught by instructors who are comfortable with their sexuality. General information, curriculum materials, and advice on the means of developing a program can be obtained from the American Association of Health, Physical Education, and Recreation; the American Association of Sex Educators, Counselors, and Therapists; the American Institute of Family Relations; and the Sex Information and Education Council of the United States.

81-1141

Waging War on V.D.

Yarber, W. L.
Science Teacher 45(5):38-42, May 1978.

While advances have been made in diagnosing and curing sexually transmitted diseases (STD), controlling their spread is still a major problem among young people. Teachers can contribute to curbing the problem by informing students about STD, encouraging them to adopt mature attitudes and preventive measures, and telling them where to seek treatment. When approaching STD education, teachers should (1) involve parents, school officials, and students; (2) introduce the curriculum in middle or junior high school; (3) introduce the material in a unit on communicable diseases rather than as part of sex education; (4) concentrate on the most pertinent aspects of the problem without overwhelming the students; (5) restructure attitudes toward STD to avoid stigmatizing affected persons; (6) promote discriminating sexual behavior and social responsibility among persons who have contracted STD; and (7) use student-centered learning activities, such as role playing, values clarification, case studies, and problem solving. A sample quiz, a list of STD learning resources (books, pamphlets, multimedia, and organizations), and a summary of important information related to STD are included. 16 references.

81P-1142

Human Sexuality Service (HSS).

Cohen, M. S.
Southern Illinois University at Carbondale, Student Wellness Resource Center, Kesnar Hall, Carbondale, IL 62901
Continuing.

The Human Sexuality Service (HSS) of the Student Wellness Resource Center at Southern Illinois University at Carbondale was established to provide a supportive, nonjudgmental environment to help 22,000 students explore and clarify their own sexual feelings, needs, and concerns. Services include (1) individual counseling for (a) unplanned pregnancy, (b) birth control, (c) sexual dissatisfaction, (d) gay sexuality, (e) sexual functioning, and (f) relationship issues; (2) educational programs, including special presentations in the student center, residence halls, and classrooms on a wide range of sexual issues and concerns; (3) continuing group sessions on birth control, sexual awareness, and gay support; (4) special weekend workshops on sexual awareness and enrichment, male and female sexuality, lesbian sexuality, and sexual awareness for professionals; (5) a small library of resource materials on sexuality; (6) a referral service for persons making inquiries about abortions, sexually transmitted diseases, and long-term counseling; and (7) distribution of free pamphlets on birth control and venereal disease. Students may also receive training in pregnancy counseling, sexual counseling, birth control counseling and leadership, and facilitation skills for small groups and workshop programs. HSS is an approved site for practicum, internship, field placement, and graduate assistantship training. A contract is maintained with Synergy, a nonprofit community agency, to provide peer counseling and crisis intervention services. Data on consumer satisfaction are gathered and tabulated for individual counseling, group counseling, workshop sessions, and weekend sessions. In addition, outcome evaluations have been conducted on the residence-hall birth control programs and sexual awareness weekends. More outcome evaluations are in progress.

81P-1143

Program to Expand Sexuality Education in Cooperation With Youth Serving Agencies.

Quinn, J.
Center for Population Options, 2031 Florida Avenue, N.W., Washington, DC 20009
July 1977 - December 1981.

The "Program to Expand Sexuality Education in Cooperation With Youth Serving Agencies" was developed in cooperation with 20 national youth-service agencies to reduce the high incidence of adolescent pregnancy. The program helps national youth-serving organizations develop and implement sex education policies and programs. The center and cooperating agencies introduce sex education into schools and improve birth control services for teens. Program staff work with youth-service agencies to (1) assess the need for sex education among their members, (2) provide organizational training for agency staff at national and community levels to facilitate program implementation, (3) produce usable materials for national and community program activities, (4) develop communitywide activities in selected model cities, (5) develop model projects appropriate to a variety of organizations and localities, and (6) generate public concern for the problems associated with adolescent pregnancy and encourage the introduction of sex education and birth control services at the community level. The program is staffed by a director, a project associate, and a project assistant. Youth workers in Cleveland, Des Moines, and Seattle received intensive training in 1978 and followup consultation services from 1978 through mid-1980. Funding is derived from several foundations and trusts.

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